



Residential Building Permit Application

111 E Maple P.O. Box 1019 Independence, Mo 64051

Phone: (816) 325-7401 Fax: (816) 325-7770

Permit Number: _____

Application Date: _____

Type of Permit

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Single Family New | <input type="checkbox"/> Manufactured/Modular | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Detached Building | <input type="checkbox"/> Repair |
| <input type="checkbox"/> Remodel | <input type="checkbox"/> Footing/Foundation Only | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Solar ___Roof ___Ground | <input type="checkbox"/> Wind |

Project Information

Project Address: _____

Square Feet of Existing Structure: _____ (Additions & detached buildings)

Square Feet of Construction/Remodel: _____ (Remodel & repair)

Square Feet of New Construction: _____ (New residential, additions & detached buildings)

Description of Work: _____

Is the project subject to the License Surcharge fee? Yes No

If yes, the License Surcharge fee for single family residential is \$1,414. For duplex, the License Surcharge fee is \$756 per unit or \$1,512 total. This fee must be paid at the time the permit is submitted.

Does work include any site work, filling or construction in the FEMA regulated floodplain? Yes No

If yes, a floodplain development permit is required. Link to FEMA flood guidelines: <https://msc.fema.gov/portal>

Need Meter Can? Yes No Service Size AMPS _____ Volts _____ Phases _____ All Electric? Yes No

Owner/Applicant Information

Owner: _____

Owner Address: _____ Zip: _____

Phone: _____ Email: _____

Applicant: _____

Applicant Address: _____ Zip: _____

Phone: _____ Email: _____

Note: A homeowner who personally occupies and undertakes the construction, alteration, repair, or maintenance of said homeowner occupied single-family residence or accessory structure are not required to have a General Contractor.

General Contractor Name: _____

Address: _____ Zip: _____

Phone: _____ Email: _____

Electrical Contractor Name: _____

Address: _____ Zip: _____

Phone: _____ Email: _____

Mechanical Contractor Name: _____

Address: _____ Zip: _____

Phone: _____ Email: _____

Plumbing Contractor Name: _____

Address: _____ Zip: _____

Phone: _____ Email: _____

Cost Breakdown

Construction Cost: _____

Electrical Cost: _____

Plumbing Cost: _____

Mechanical Cost: _____

Total Construction Cost: _____

Submittal Requirements

- **Submit 1 complete set of plans and/or specs on paper, 1 copy of a plot plan on paper, as well as both on a cd or a thumb drive in pdf form.**
- **The application, plans, and payment may be mailed or brought into the office at City of Independence – ATTN: Building Permits, 111 E Maple Ave Independence, MO 64050**

Issuance Requirements

- **All general and trade contractor's must have or obtain a business and contractor's license before the permit will be issued.**

NOTICE TO APPLICANT: Your signature is required to validate this form. Upon signing you assume all responsibilities and authorizations established by Code for work authorized there-in.

Signature of Applicant

Date

Signature of Contractor

Date