



Commercial 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"/> New Commercial Building | <input type="checkbox"/> Detached Building | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Multi-Family -# of Units _____ | <input type="checkbox"/> Repair | <input type="checkbox"/> Change of Use |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Solar |
| <input type="checkbox"/> Tenant Finish | <input type="checkbox"/> Footing/Foundation Only | <input type="checkbox"/> Wind |

Project Information

Project Address: _____

Project/Tenant Name: _____

Type of Use: _____ Change of Use? Yes No If yes, previous use/tenant? _____

Structure Square Feet: _____ Addition Square Feet: _____

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

Solar/Wind permits require a Net Metering Agreement which can be found at indep.us/net-metering-agreement

Description of Work: _____

Has the License Surcharge form been submitted: Yes No N/A

The License Surcharge application can be found at indep.us/license-surcharge-application

Note: The License Surcharge application form must be submitted prior to the issuance of the permit.

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 guidelines: <https://msc.fema.gov/portal>

Is the proposed use subject to a Health Department Review Fee? Yes No

Uses requiring a Health Review Fee can be found at: <http://www.indep.us/planreviewtypes-health>

Applicant/Design Professional Information

Applicant: _____

Applicant Address: _____

Phone: _____ Email: _____

Design Professional in Charge: _____

Company Name: _____

Address: _____

Phone: _____ Email: _____

General Contractor/Subcontractor Information

General Contractor Name: _____

Address: _____

Phone: _____ Email: _____

Electrical Contractor Name: _____

Address: _____

Phone: _____ Email: _____

Mechanical Contractor Name: _____

Address: _____

Phone: _____ Email: _____

Plumbing Contractor Name: _____

Address: _____

Phone: _____ Email: _____

Cost Breakdown

Construction Cost: _____

Electrical Cost: _____

Plumbing Cost: _____

Mechanical Cost: _____

Total Construction Cost: _____

Submittal Requirements

All Commercial Building Permits:

- **Submit 1 complete set of stamped sealed plans and specifications and 1 CD or thumb drive containing plans and specifications in expandable pdf form, with each subsection as its own pdf- i.e. arch, structural, mechanical, plumbing, electrical, etc., also signed and sealed.**
- **Application, plans and fee's must be submitted by mail or in office at City of Independence – ATTN: Building Inspections, 111 E Maple Ave Independence, MO 64050**

Issuance Requirements

All Commercial Building Permits:

- **All general and trade contractor's must have or obtain a contractor's and business 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