



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

## Project Information

Project Address: \_\_\_\_\_

Project/Tenant Name: \_\_\_\_\_

Type of Use: \_\_\_\_\_ Structure Square Feet: \_\_\_\_\_

Description of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this a change of use?     Yes     No

If yes, what was the previous use/tenant? \_\_\_\_\_

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

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

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

**If yes, a floodplain development permit is required.**

Is the building sprinkled?     Yes     No

Is the proposed use a food facility (retail or food establishment), a daycare, a tattoo parlor, or commercial swimming pool?

Yes     No    **If yes, a \$300 Health Department review fee will be required.**

## Applicant/Design Professional Information

Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Design Professional in Charge: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**General Contractor/Subcontractor Information**

General Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Electrical Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mechanical Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Plumbing Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Cost Breakdown**

Construction Cost: \_\_\_\_\_

Electrical Cost: \_\_\_\_\_

Plumbing Cost: \_\_\_\_\_

Mechanical Cost: \_\_\_\_\_

Total Construction Cost: \_\_\_\_\_

**Submittal Requirements**

**For New Commercial Building, Multi-Family, Commercial Addition, Commercial Swimming Pool, and Commercial Detach Building Permit types,**

- **Submit 1 complete set of sealed plans and specifications and 1 CD or thumb drive containing plans and specifications in pdf form, with each subsection as its own pdf- i.e. arch, struct, mech, plbg, elect, etc., also signed and sealed.**

**For all other permit types,**

- **Submit 1 complete set of sealed plans and specifications and 1 CD or thumb drive containing plans and specifications in pdf form, with each subsection as its own pdf- i.e. arch, struct, elec, etc., also signed and sealed.**

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