



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 Residential | <input type="checkbox"/> Manufactured/Modular Home | <input type="checkbox"/> Residential Addition |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Residential Detached Building | <input type="checkbox"/> Residential Repair |
| <input type="checkbox"/> Residential Remodel | <input type="checkbox"/> Footing/Foundation Only | <input type="checkbox"/> Residential Deck |
| <input type="checkbox"/> Residential Swimming Pool | | |

Project Information

Project Address: _____

Existing Structure Square Feet: _____ (required for additions and detached buildings only)

Area of Construction/Remodel: _____ (required for remodel and repair only)

Area of New Construction: _____ (required for additions and detached buildings only)

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 sitework, filling or construction in the FEMA regulated floodplain? Yes No

If yes, a floodplain development permit is required.

Will there be any structural work completed? Yes No

Owner/Applicant Information

Owner: _____

Owner Address: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Applicant: _____

Applicant Address: _____ Zip: _____

Phone: _____ Fax: _____

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/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

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.

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