



Building Permit Application

903 W. Main Street, Blue Springs, MO 64015

Ph: 816-228-0118 | Fax: 816-228-0225

OFFICE USE ONLY

PERMIT # _____

PLAN CASE # _____

PROJECT LOCATION INFORMATION

Project Address _____ Legal Description or Parcel ID _____

Property Owner _____ Phone Number _____ Email _____

Property Owner Mailing Address _____ City _____ State _____ ZIP Code _____

Applicant Name _____ Phone Number _____ Email _____

Applicant Mailing Address _____ City _____ State _____ ZIP Code _____

CONTRACTOR INFORMATION - ATTACH ADDITIONAL CONTRACTORS IF NECESSARY

General Contractor _____ Contact Name _____ Phone Number _____ Email Address _____

General Contractor Mailing Address _____ City _____ State _____ ZIP Code _____

Mechanical Contractor _____ Contact Name _____ Phone Number _____ Email Address _____

Electrical Contractor _____ Contact Name _____ Phone Number _____ Email Address _____

Plumbing Contractor _____ Contact Name _____ Phone Number _____ Email Address _____

TYPE OF PERMIT

TYPE	CATEGORY (CIRCLE)
<input type="checkbox"/> Electrical	Commercial / Residential
<input type="checkbox"/> HVAC	Commercial / Residential
<input type="checkbox"/> Plumbing	Commercial / Residential
<input type="checkbox"/> Sewer	Commercial / Residential
<input type="checkbox"/> New Structure	Commercial / Residential
<input type="checkbox"/> Addition/Alter.	Commercial / Residential
<input type="checkbox"/> Solar Panels	Commercial / Residential
<input type="checkbox"/> Demolition	Commercial / Residential
<input type="checkbox"/> Other	Commercial / Residential
<input type="checkbox"/> Deck	Commercial / Residential
<input type="checkbox"/> Attached Carport	Commercial / Residential
<input type="checkbox"/> Irrigation	Commercial / Residential
Backflow Make & Model _____	
PREFABRICATED?	
<input type="checkbox"/> Detached Carport	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Shed	<input type="checkbox"/> Yes <input type="checkbox"/> No

Fence

Linear Ft. of Fencing _____

Fence Height _____

Fence Material _____

Is this permit request due to a violation notice? Yes No

Is this a pool or spa enclosure? Yes No

Is there a retaining wall? Yes No

Retaining Wall Height _____

Standard Plan

Is this the first submittal of a Standard Plan? Yes No

Standard Plan Name _____

Builder Name _____

Square Footage

Living _____

Garage _____

Unfinished _____

Total _____

Construction Costs

Total Construction Cost _____

Description of Work

Water Meters

SIZE QUANTITY

- 3/4" _____
- 1" _____
- 1 1/2" _____
- 2" _____
- 3" _____
- 4" _____
- 6" _____

Sewer System Development

NUMBER OF UNITS/ TENANT SPACES

- 1 to 2
- 3 to 5
- 6 to 10
- 11 to 15
- 16 to 30

Water Taps

SIZE QUANTITY

- 3/4" _____
- 1" _____

PSI

I hereby certify that I am an authorized agent of the owner and have the owner's consent to enter onto the property to complete the work. As the authorized agent for the owner I grant the Building Official the authority to enter areas covered by the permit. After close review of this application, I further certify that the information provided is true and correct to the best of my knowledge and that the work shall comply with all provisions of laws and ordinances, whether specified or not. The grant of permit does not presume to give authority to violate or cancel the provisions of any federal, state or local law regulating construction or the performance of construction.

If the property of record resides within a Homeowners Association, please contact the HOA to assure your plans are in accordance with the covenants of the HOA.

An issued permit becomes invalid if the work on the site authorized by the permit does not commence within 180 days of issuance, or if the work on the site is incomplete due to suspension or abandonment 180 days after the work commenced. ALL PERMITS REQUIRE FINAL INSPECTION.

Signature of Applicant _____ Printed Name _____ Date _____

Email _____ Date _____

- Property Owner Applicant Contractor Agent

OFFICE USE ONLY

Codes Administrator Approval _____ Date _____

Plans Examiner Approval _____ Date _____

Planning Approval _____ Date _____

Comments _____

Sign off sheet required Yes No Special inspection form required Yes No

MCRC District Yes No NID District Yes No (if yes, please send to Finance)

Finance Approval _____ Date _____