



# COMMERCIAL BUILDING PERMIT APPLICATION

**BUILDING INSPECTION DIVISION**  
 100 Municipal Circle; Raymore, MO 64083  
 816-331-7916 www.raymore.com

Permit Number \_\_\_\_\_

DATE: \_\_\_\_\_

Application must be typed or printed legibly in ink. Complete all relevant fields.

<b>OFFICIAL USE ONLY</b>	PARCEL ID NUMBER _____ DATE ISSUED ____/____/____
	STREET NUMBER _____ STREET NAME _____
	TYPE _____ DIRECTION _____ UNIT/SUITE _____ ZONING _____ ZONING APPROVAL _____
	ZONING NOTES _____
	FINAL APPROVAL _____
<b>TOTAL PERMIT FEE \$</b> _____	

PROJECT IDENTIFICATION	PROPERTY OWNERSHIP DETAILS
PROJECT NAME _____	TYPE: INDIVIDUAL <input type="checkbox"/> GOVERNMENT AGENCY <input type="checkbox"/> BUSINESS <input type="checkbox"/>
PROJECT CONTACT _____	FULL LEGAL NAME, AGENCY, OR BUSINESS _____
PROJECT CONTACT PHONE (____) _____ - _____	MAILING ADDRESS _____
PERMIT ASSOCIATIONS? NO <input type="checkbox"/> YES <input type="checkbox"/>	OWNER CONTACT PHONE (____) _____ - _____
<input type="checkbox"/> COMMERCIAL PERMIT <input checked="" type="checkbox"/> C   ____ ____ ____ ____	OWNER E-MAIL ADDRESS _____
If yes, list permit data: _____	

**BUILDING PERMIT ADDRESS** (This is the physical address of the actual work location.)

STREET NUMBER \_\_\_\_\_ STREET NAME \_\_\_\_\_ TYPE (Ave/Blvd) \_\_\_\_\_ DIRECTION \_\_\_\_\_

UNIT/SUIT \_\_\_\_\_ ZIP CODE \_\_\_\_\_ INTERSECTING STREETS \_\_\_\_\_ AND \_\_\_\_\_

LOT NO. \_\_\_\_\_ BLOCK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_ CITY PLANNING CASE # \_\_\_\_\_

LICENSED CONTRACTOR	MISSOURI DESIGN PROFESSIONAL
COMPANY NAME _____	COMPANY NAME _____
NAME _____	LICENSE NAME _____
CONTRACTOR CLASS _____ OCCUPATIONAL # _____	LICENSE NUMBER _____
ADDRESS _____	ADDRESS _____
PHONE _____ FAX _____	PHONE _____ FAX _____
E-MAIL ADDRESS _____	E-MAIL ADDRESS _____

TITLEHOLDER (IF OTHER THAN OWNER)	BONDING COMPANY	MORTGAGE LENDER
NAME _____	NAME _____	NAME _____
ADDRESS _____	ADDRESS _____	ADDRESS _____

SUBMITTED PLANS	JOB COST	PAYMENT METHOD	BRIEF DESCRIPTION OF WORK
<input type="checkbox"/> Plot <input type="checkbox"/> ResCheck <input type="checkbox"/> Building <input type="checkbox"/> Other Sets of Plans _____	Total costs to include MEP work. \$ _____	<input type="checkbox"/> Check <input type="checkbox"/> On-line pay <input type="checkbox"/> Credit <input type="checkbox"/> Exempt	_____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING WORK, SIGNS, POOLS AND MECHANICAL WORK SUCH AS FURNACES, BOILERS, HEATERS AND AIR CONDITIONERS, etc.

Valuation for this permit will be calculated using the current adopted ICC Building Valuation Data Table using the Square Foot Construction Cost (SFCC) category. The SFCC does not include the price of the land on which the building is built. Your signature acknowledges this fact and waives any right to appeal said valuation and/or permit fees.

**Applicant Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_

<p><b>WORKER'S COMPENSATION</b></p> <p><input type="checkbox"/> EXEMPT (Insurance or Other)</p> <p><input type="checkbox"/> INSURER _____</p> <p><input type="checkbox"/> # OF EMPLOYEES _____</p> <p>EXPIRATION DATE _____</p>	<p>I attest the Worker's Compensation information provided on this permit application is true and correct and that the applicant is in full compliance with the State of Missouri Worker's Compensation laws.</p>
<p><b>OWNER or AGENT of Property</b> (If Agent, Power of Attorney or Agency Letter Required)</p> <p>Signed: _____ Date: ____/____/____</p>	<p><b>CONTRACTOR AFFIRMATION</b> (Qualifier only)</p> <p>Signed: _____ Date: ____/____/____</p>

TYPE OF IMPROVEMENT		PROPOSED USE		
<input type="checkbox"/> Accessory Building <input type="checkbox"/> Addition <input type="checkbox"/> Alterations and Repairs <input type="checkbox"/> Converting Use <input type="checkbox"/> Demolition <input type="checkbox"/> Foundation Only <input type="checkbox"/> Move Building into Raymore <input type="checkbox"/> Move Building out of Raymore	<input type="checkbox"/> Remodeling Spaces # of Units _____ <input type="checkbox"/> New Building <input type="checkbox"/> Windows / Door Replacement <input type="checkbox"/> Other: Specify _____ <input type="checkbox"/> Commercial Roofing Replacement <input type="checkbox"/> New Shell (Only) Building for Commercial <input type="checkbox"/> Swimming Pool (In ground) – Gallons _____ <input type="checkbox"/> Swimming Pool (Above Ground) – Gallons _____ <input type="checkbox"/> Tenant Finish	RESIDENTIAL	Units	NON-RESIDENTIAL
		<input type="checkbox"/> Apartments <input type="checkbox"/> Carports <input type="checkbox"/> Condominiums <input type="checkbox"/> Garages <input type="checkbox"/> Other: Specify _____		<input type="checkbox"/> Amusement, Recreational <input type="checkbox"/> Business Condo <input type="checkbox"/> Church, Other Religious <input type="checkbox"/> Daycare <input type="checkbox"/> Hospital, Institutional <input type="checkbox"/> Hotel, Motel, Dormitory <input type="checkbox"/> Industrial <input type="checkbox"/> Office, Bank, Professional <input type="checkbox"/> Other: Specify _____ <input type="checkbox"/> Parking Garage <input type="checkbox"/> Restaurant <input type="checkbox"/> School, Library, Educational <input type="checkbox"/> Service Station, Repair Garage <input type="checkbox"/> Stores, Mercantile <input type="checkbox"/> Utilities

<b>BUILDING INFORMATION</b>
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DIMENSIONS	WATER SUPPLY	SEWAGE DISPOSAL	PRINCIPLE TYPE OF FRAME	NEW RESIDENTIAL PERMIT INFO
Number of Stories _____ Building Height _____ feet Total Floor Area (SF) _____ Conditioned _____ Unconditioned _____ Land Area _____ <input type="checkbox"/> square feet <input type="checkbox"/> acres Basement Area For This Permit: _____ <input type="checkbox"/> finished <input type="checkbox"/> unfin. Finished Area (SF) _____ Unfinished Area (SF) _____ Garage Floor Area (SF) _____ Deck Area (SF) Covered: _____ <small>(or patio)</small> Open: _____	<input type="checkbox"/> Public-City <input type="checkbox"/> Private Utility Company	<input type="checkbox"/> Public-City  <b>Total # of Traps:</b> _____ <small>Sinks, Washer, Toilets, Shower/ Tubs, Floor Drains</small>	<input type="checkbox"/> Masonry (Load Bearing) <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Other: Specify _____	<div style="text-align: center;">Hotels</div> No. of Guest rooms _____ Bathrooms Full _____ 1/2 _____ <div style="text-align: center;">Apt. / Condo - Multi-Family</div> One-bedroom units _____ Two-bedroom units _____ Three-plus bedroom units _____
	<b>ELECTRICAL CODE USED</b>	<b>BUILDING CODE USED IN DESIGN FOR THIS PROJECT?</b>		
	<b>MECHANICAL</b> # of units: _____	<b>For demolition / renovation projects on additions / remodels:</b> Mandatory Action: If asbestos is subsequently discovered, then the applicant shall immediately provide notice to Building Inspections and amend this application. Is asbestos present? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Furnace <input type="checkbox"/> Yes <input type="checkbox"/> No  Total Cooling Capacity _____ <small>(in tons)</small>  Heat Pump <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>CERTIFICATE OF OCCUPANCY:</b>	Occupancy Classification: _____	Maximum Occupancy Load: _____	Live Loads: _____	Building Code Type of Construction: _____
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MOVING A HOUSE OR BUILDING	
<b>Address Moving From</b> Number _____ Street _____ Type _____ Direction _____ Loaded Size of Building: Width _____ Height _____ Length _____ Travel Route _____ Notes _____	<b>Address Moving To</b> Number _____ Street _____ Type _____ Direction _____ Loaded Size of Building: Width _____ Height _____ Length _____ Travel Route _____ Notes _____

**OFFICIAL USE ONLY**

<b>ENGINEERING</b>  <div style="text-align: right;">Office of the City Engineer</div> 1. <input type="checkbox"/> City Sewer Erosion _____ Field Rep. _____ 2. <input type="checkbox"/> Driveway/ Parking Design Date ____/____/____ Signed _____ 3. <input type="checkbox"/> Curb, Gutter and Sidewalk Design 4. <input type="checkbox"/> Erosion Control, Surface Water Retention, Floodplain Review  Comments: _____ _____ _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">FEE CALCULATIONS</th> <th style="text-align: left;">Building Valuation \$ _____</th> </tr> <tr> <td>Building Permit Fee: _____</td> <td>_____</td> </tr> <tr> <td>Excise Tax: _____</td> <td>_____</td> </tr> <tr> <td>Park Fee: _____</td> <td>_____</td> </tr> <tr> <td>Plan Review Fee: _____</td> <td>_____</td> </tr> <tr> <td>Inspection Fee: _____</td> <td>_____</td> </tr> <tr> <td>Water Tap Fee: _____</td> <td>_____</td> </tr> <tr> <td>Sewer Tap Fee: _____</td> <td>_____</td> </tr> <tr> <td>Meter Set Up: _____</td> <td>_____</td> </tr> <tr> <td>Mud Deposit _____</td> <td>_____</td> </tr> <tr> <td>Demolition Permit Fee Bond _____</td> <td>_____</td> </tr> <tr> <td style="text-align: right;"><b>TOTAL FEE</b></td> <td style="text-align: right;"><b>\$ _____</b></td> </tr> </table>	FEE CALCULATIONS	Building Valuation \$ _____	Building Permit Fee: _____	_____	Excise Tax: _____	_____	Park Fee: _____	_____	Plan Review Fee: _____	_____	Inspection Fee: _____	_____	Water Tap Fee: _____	_____	Sewer Tap Fee: _____	_____	Meter Set Up: _____	_____	Mud Deposit _____	_____	Demolition Permit Fee Bond _____	_____	<b>TOTAL FEE</b>	<b>\$ _____</b>
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<b>PLANNING</b> <input type="checkbox"/> Setbacks: Front _____ Rear _____ City Planner: _____ Side 1 _____ Side 2 _____ Date ____/____/____ Signed _____ <input type="checkbox"/> Covered Parking _____ <input type="checkbox"/> Uncovered Parking _____ <input type="checkbox"/> Lot Coverage _____ % <input type="checkbox"/> Off Street Parking Requirement _____ Proposed: _____ <input type="checkbox"/> Footprint of Structure: _____ <input type="checkbox"/> <b>LANDSCAPE</b> _____ <input type="checkbox"/> 1 tree <input type="checkbox"/> 2 trees <input type="checkbox"/> Commercial Site Plan approved <small>(Initials)</small>																									

<b>Other Permits Required:</b>	ELEC _____	MECH _____	PLBG _____
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<b>Additional Comments:</b>   <div style="text-align: right; padding-right: 50px;"> <b>Building Official:</b> _____            Jon Woerner         </div>
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