

# NEW RESIDENTIAL BUILDING PERMIT APPLICATION

**Building Inspection Division**  
100 Municipal Cir. / Raymore, MO 64083  
Office: 816-331-7916 / Fax: 816-331-8067

**APPLIED DATE:** \_\_\_\_\_

**INSTRUCTIONS**

TYPE OR PRINT CLEARLY—**NO PENCIL**—USE **BLACK OR BLUE INK**  
**ALL OTHER INK COLORS RESERVED FOR OFFICE USE ONLY**

The applicant **must** fill out sections I, II, and III. Your permit will not be processed if you do not fill out the required information. Please read all conditions on this application before signing. The property owner and/or licensed contractor must sign and date the application. If not applicable please write N/A or leave blank. When filling out addresses, please include St., Ave., Rd., Dr., Ct., or Way etc.

**SECTION I: PROPERTY INFORMATION**  
(MUST BE COMPLETE)

**LOCATION:**  
PROJECT ADDRESS: \_\_\_\_\_  
BLDG#: \_\_\_\_\_

**LEGAL DESCRIPTION: (NEW CONSTRUCTION ONLY)**  
SUBDIVISION: \_\_\_\_\_ LOT # \_\_\_\_\_ PLAT: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_  
\_\_\_\_\_

**TOTAL AREA(S) (SQ. FOOTAGE):**  
SQ. FT OF LOT: \_\_\_\_\_ FOOTPRINT OF STRUCTURE: \_\_\_\_\_  
TOTAL SQ. FT. OF LIVING/CONDITION SPACE: \_\_\_\_\_

GARAGE: \_\_\_\_\_ UNFINISHED BSMT: \_\_\_\_\_  
FINISHED BSMT: \_\_\_\_\_ COVERED OR OPEN DECK: \_\_\_\_\_

**REQUIRED: CONTACT PERSON** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**RESIDENTIAL**  
**BUILDING OR STRUCTURE USE (CHECK ONLY ONE)**

- SINGLE FAMILY    DUPLEX    AG BUILDING/BARN    CARPORT  
 DETACHED GARAGE    IN GRD. SWIMMING POOL OR ENCLOSURE  
 TOWNHOUSE (Each Unit Must be Permitted Individually including duplex)

**SECTION II: PEOPLE INFORMATION**

**PROPERTY OWNER**

NAME	PHONE #	CELL #
STREET ADDRESS		
CITY	STATE	ZIP

**CONTRACTOR** —  SAME AS OWNER

BUSINESS NAME	CITY LICENSE #
STREET ADDRESS	
CITY	STATE      ZIP
PHONE # (person in charge of project)	CELL PHONE # (person in charge of project)

**MISSOURI LICENSED DESIGN PROFESSIONALS**

ARCHITECT/ ENGINEER	PHONE #
SURVEYOR	PHONE #
ADDRESS OF ARCHITECT/ ENGINEER: _____	

**SECTION III: VALUATION OF WORK AND SUB CONTRACTORS**

\$ \_\_\_\_\_

**Plumbing Contractor:** \_\_\_\_\_ CITY LICENSE # \_\_\_\_\_  
**Electrical Contractor:** \_\_\_\_\_ CITY LICENSE # \_\_\_\_\_  
**Mechanical Contractor:** \_\_\_\_\_ CITY LICENSE # \_\_\_\_\_

**CONDITIONS**

- The proposed work must be done in accordance with approved plans and specifications. Separate permits are required for, but not limited to, electrical, plumbing, mechanical, signs, sewer, water, paving, and right-of-way. Furthermore, it is the duty of the General Contractor to assure that all required inspections are scheduled 24 hours in advance and approved by the City Inspectors.
- Permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. Building permit valid for a maximum of one year. Application valid 90 days.
- I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction and that I make this statement under penalty of perjury.

**Print Name**

**X**

**Signature of contractor, owner, or authorized agent** \_\_\_\_\_ **Date** \_\_\_\_\_

**SECTION IV: PLAN REVIEW (FOR OFFICE USE)**

**ENGINEERING DIVISION**

DESCRIPTION	STAFF SIGNATURE:	DATE OF	COMPLIANCE
CITY SEWER OR PRIVATE			
CORRECT SURFACE WATER RETENTION OR GRADE			
CURB/ GUTTER/ GARAGE SIDEWALK ELEVATIONS			
CITY RIGHT-OF-WAY PERMIT APP.			
OTHER (GREASE TRAP INTERCEP/ SEWER, ETC.)			
EROSION CONTROL IN:			

**OFFICE OF PLANNING AND ZONING**

SUBDIVISION		PLAT
LANDSCAPING DESIGN		
ZONED	LOT COVERAGE %	
SETBACKS	FRONT(S)	SIDE(S)      REAR(S)
# OF OFF-STREET PARKING SPACES	COVERED	UNCOVERED
PLANNER SIGNATURE	DATE	

**BUILDING INSPECTION DIVISION**

CONSTRUCTION TYPE	BUILDING CODE IN EFFECT:	OCC. GROUP	BACKWATER VALVE <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER OF STORIES	FIRE SPRINKLERS?	LIVING SPACE ABOVE GARAGE <input type="checkbox"/> YES <input type="checkbox"/> NO	SIDEWALKS <input type="checkbox"/> YES <input type="checkbox"/> NO
BUILDING OFFICIAL JON WOERNER		SIGNATURE: _____	
COMMENTS:			LICENSE CURRENT?

**PERMIT #** \_\_\_\_\_ **ISSUE DATE** \_\_\_\_\_

**SECTION V: FEES**

ICC VALUATION:	BUILDING:	PARKSEE:
EXCISE TAX:	PLAN REVIEW:	SEWER:
WATER TAP:	METER SET-UP:	<b>TOTAL FEE:</b>

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.