



PLUMBING & MECHANICAL PERMIT APPLICATION

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

Issued By: _____

Building Permit # _____

Issue Date: _____

INSTRUCTIONS
 TYPE OR PRINT CLEARLY—NO PENCIL—USE BLACK OR BLUE INK
ALL OTHER INK 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 (do not leave blank). When filling out addresses, please include St., Ave., Rd., Dr., etc. If necessary, provide directions to the site, location of work within building, and/or attach a map.

SECTION I: PROPERTY INFORMATION
 MUST BE COMPLETE

LOCATION:
 PROJECT ADDRESS: _____
 LOT # _____ SUBDIVISION _____
 IS THIS PERMIT IN CONJUNCTION WITH A BUILDING PERMIT YES _____ NO _____
 EMAIL ADDRESS (FOR INSPECTION USE) _____

RESIDENTIAL WORK

SINGLE FAMILY DUPLEX MULTI-FAMILY _____ UNITS
 ACCESSORY BUILDING DETACHED GARAGE OTHER _____

COMMERCIAL/ NON-RESIDENTIAL WORK

TENANT FINISH: YES: _____ NO: _____ NEW BUILDING YES _____ NO _____
 USE OF THE BUILDING: _____
 BUSINESS NAME : _____
 COMMERCIAL BUILDING PERMIT # : _____

SECTION II: PEOPLE INFORMATION
 MUST BE COMPLETE

PROPERTY OWNER

NAME	PHONE #	
STREET ADDRESS		
CITY	STATE	ZIP

CONTRACTOR

BUSINESS NAME	PHONE #	CELL #
STREET ADDRESS		
CITY	STATE	ZIP
MASTER PLUMBER/ MECHANICAL.	CITY LICENSE #	

UTILITY/MECHANICAL ENGINEER INFORMATION (commercial work only)

COMPANY	PHONE
REGISTERED ENGINEER :	MO LICENSE # _____

SECTION III: PROPOSED WORK

PROJECT DESCRIPTION (Describe only the work that requires THIS permit):

CONDITIONS

- Application for a permit and payment of proper fees must be made prior to commencement of work or the fee will be triple above the permit fee under RMC Section 500.095.
- Every permit issued by the Bldg Official under the provisions of this code shall expire by limitation and become null and void if the bldg or work authorized by such permit is not commenced within one hundred eighty (180) days from the date of such permit or if the bldg or work authorized by such permit is suspended or abandoned at any time after the work is commenced for a period of one hundred eighty (180) days.(RMC Section 500.090).
- It shall be the duty of the person doing the work authorized by a permit to assure that all required inspections are scheduled at least 4 hours in advance and approved by the City Inspectors. Furthermore, it shall be the duty of the person requesting the inspection to provide access to and means for inspection of the work. The individual who signs this application assumes all responsibility and liability for the work performed as specified herein.

PRINT NAME _____
 X
 SIGNATURE OF PLUMBER OR MECHANICAL CONTRACTOR _____

SECTION IV: PERMIT FEES

PLUMBING

<input checked="" type="checkbox"/>	PERMIT ISSUANCE	FEE
<input type="checkbox"/>	BASE FEE FOR ISSUING EACH PERMIT (FOR THE FIRST 10 TRAPS)	\$35.00
<input type="checkbox"/>	FOR WATER METER INSTALLATION OR REPLACEMENT – ¾" W/ METER	SEE FEE
<input type="checkbox"/>	FOR WATER METER INSTALLATION OR REPLACEMENT -- 1" W/ METER	SEE FEE

In the spaces provided below, please indicate the total number of installations, relocations, or replacement of any fixture, trap or stub-out for future use. Use "OTHER" for any fixture, trap or stub-out not included on the schedule. Next, count the number of fixtures, traps and stub-outs and indicate the total.

SCHEDULE OF PLUMBING FIXTURES (# OF TRAPS)

FIXTURE	#	FIXTURE	#
BATH TUB		FLOOR DRAIN	
SHOWER		AREA DRAIN	
LAVATORY		ROOF DRAIN	
WATER CLOSET (TOILET)		SUMP DRAIN	
URINAL		FLOOR SINK	
KITCHEN SINK		BAR SINK	
SERVICE SINK		CLOTHES WASHER	
FLOOR SINK		DRINKING FOUNTAIN	
BAR SINK		SEWAGE EJECTION PUMP	
TOTAL NUMBER OF FIXTURES:			
FOR EACH ADDITIONAL TRAP OVER 10: \$2.50 EACH			

TYPE OF WORK

<input checked="" type="checkbox"/>	TYPE OF WORK	FEE
<input type="checkbox"/>	For each installation, relocation, or replacement of plumbing fixture, trap or stub-out.	\$35.00
<input type="checkbox"/>	For each water heater or replacement (storage tank type)	\$35.00
<input type="checkbox"/>	For installation, alteration, or repair of water piping	\$35.00
<input type="checkbox"/>	For each lawn sprinkler or fire protection system, including backflow protection device.	\$35.00
<input type="checkbox"/>	For each fuel gas pipe installation.	\$35.00
<input type="checkbox"/>	For Residential Private On-Site Sewage Deposal System New or Replacement	\$150.00

MECHANICAL

SECTION V: PERMIT FEES

Note: New residential permits only, price includes both the furnace and condensing unit (A/C)/ea

1. FURNACES

#	TYPE OF WORK	FEE
	For the installation of each forced-air or gravity-type furnace, burner or heat exchanger, including any ducts or vents attached to such appliance, up to and including 100,000 BTU/HR.	\$35.00 ea.
	For the installation of each forced-air or gravity-type furnace, burner or heat exchanger, including any ducts or vents attached to such appliance, over 100,000 BTU/HR.	\$35.00 ea.

2. HEATERS / FIREPLACES

	For the installation of each suspended heater, recessed wall heater, floor mounted room heater, floor furnace, wall furnace or gas fireplace insert, including vents attached to such appliance.	\$35.00 ea.
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3. BOILERS, COMPRESSORS, HEAT EXCHANGERS OR COMMERCIAL EXHAUSTS

	For the installation of each boiler, or steam or hot water heat exchanger, up to and including 1 million BTU/HR; or for each compressor (including package or rooftop units) up to and including 3 horsepower (ton). Comm. Exhaust Hood.	\$35.00 ea.
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4. AIR HANDLERS / CONDENSING UNIT INFORMATION

	For each air-handling unit or fan-coil unit include cubic feet Per minute (CFM): _____	\$35.00 ea.
	CONDENSING UNIT IN TONS _____	

5. FUEL / GAS PIPING

	For each gas-piping system supplying outlets over 10' (per fuel/gas service)	\$35.00
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BUILDING INSPECTIONS USE ONLY BELOW

PERMIT FEE	PENALTY FEE	TOTAL FEES
\$ _____	\$ _____	\$ _____

CODE IN EFFECT: _____