

BUILDING PERMIT APPLICATION

Jurisdiction of City of Harrisonville
FOR INSPECTIONS CALL (816) 380-8958

Date

Permit No.

JOB ADDRESS		PARCEL NO.	
1. LEGAL DESCR.	USE ZONE	DATE TO COMMENCE	
2. OWNER	MAIL ADDRESS	ZIP	PHONE
3. CONTRACTOR	MAIL ADDRESS	PHONE	
4. ARCHITECT OR DESIGNER	MAIL ADDRESS	PHONE	LICENSE NO.
5. PLUMBER	MAIL ADDRESS	PHONE	
6. ELECTRICIAN	MAIL ADDRESS	PHONE	
7. MECHANICAL	MAIL ADDRESS	PHONE	
8. CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE			
9. DESCRIBED WORK:			

10. USE OF BUILDING

	PLAN CHECK FEE	PERMIT FEE
CHANGE OF USE TO/FROM	Type of Const.	Occupancy Group
	Division	
11. VALUATION OF WORK: \$	Size of Bldg. (Total) Sq. Ft.	No. of Stories
		Max. Occ. Load
SPECIAL CONDITIONS		No. of Bedrooms
		Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No
	No. of Dwelling Units	No. of Rooms
		Parking Spaces

		INSPECTIONS	REQUIRED	NOT REQUIRED	FEE
APPROVED BY:	DATE	TEMP. ELEC.			
		FOOTING			
SETBACKS	COMMENTS	UND. FL. PLUMB.			
FRONT		FRAMING			
SIDE		ROUGH PLUMB.			
SIDE		ROUGH ELEC.			
REAR		WATER			
LOT AREA		SEWER			
WATER SUPPLY		GAS			
SEWER DISPOSAL		FINAL PLUMB.			
		FINAL ELEC.			
		MECHANICAL			
		SPECIAL			
		OCCUPANCY			
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)		WATER SYSTEM CONNECTION FEE		\$	
SIGNATURE OF OWNER (IF OWNER BUILDER (DATE))		WASTEWATER SYSTEM CONNECTION FEE		\$	
		ELECTRIC CONNECTION FEE		\$	
				TOTAL \$ _____	

THIS PERMIT BECOMES NULL AND VOID IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IN COMMENCED.