

BUILDING PERMIT APPLICATION

(Permit Application Form 1.03.05.doc)



City of Kansas City, Kansas Department of Development

Inspection Services Division, Indian Springs Market Place
4601 State Ave., Suite 88, Kansas City, Kansas 66102
(913) 573-8620 Fax :(913) 573-8622

| |
|--------------------|
| Permit Application |
| Number |
| _____ - _____ |

DATE _____

Part A - Identification

COMPLETE IN INK - PLEASE PRINT

| | | | |
|-----------------------------|-------------------------------------|----------------------------|-----------------|
| Project Address _____ | | Floor/Suite _____ | |
| Owner _____ | Street Address/City/State/Zip _____ | Phone _____ | Home/Work _____ |
| Contractor _____ | Street Address/City/State/Zip _____ | Phone _____ | |
| Contact Person _____ | Street Address/City/State/Zip _____ | Phone _____ | |
| Contact Person e-mail _____ | Contact Person Cell # _____ | Contact Person Fax # _____ | |

Part B - Main Use of Primary Building on Property: (Such as Office, One Family, Parking Garage, Restaurant, etc.)

Present Use: _____ No. of Dwelling Units _____

Proposed Project: _____ No. of Dwelling Units _____

Is this building used for residential rental property? Yes No

Part C - Building Information

Building Size

Dimensions of Existing Structure width _____ x length _____ x # stories _____ = _____ sq. ft. total area

Dimensions of New Structure / Addition width _____ x length _____ x # stories _____ = _____ sq. ft. total area

Type of Construction (2003 IBC)

I-A B II-A B III-A B IV-HT V-A B

Occupancy Group (2003 IBC)

A B E F H I M R S U Div. _____

Part D - Type of Work

- New Residential Residential Addition Residential Remodel Residential Accessory Building
 Commercial Remodel

Excavation/Fill Quantity of Fill _____ Cubic Yards Borrow Site: _____

Quantity of Excavation _____ Cubic Yards Disposal Site: _____

Demolition/Wrecking Dimensions of Building width _____ x length _____ x # stories _____ Total Area of Building (all floors)= _____ sq. ft.
Depth of Basement _____ Type of Wrecking: Hand Machine Other _____

Part E - Cost of Project

Total Cost of Labor & Materials including all trades (total of costs noted below): \$ _____

Electrical Cost _____ Plumbing Cost _____ Mechanical (HVAC) Cost _____

Building Cost: _____

Applicants Signature: _____ Title: _____

FOR OFFICE USE: Commercial Project Review Fee: _____ Paid: Yes No Building Permit Fee: _____