

# CITY OF INDEPENDENCE

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

## BUILDING PERMIT APPLICATION

BUILDING DEPT (620) 332-2541 FAX: (620) 332-2511  
120 N 6<sup>TH</sup> - INDEPENDENCE, KANSAS 67301

Type of Application (Check One)  Building Permit  Grading Permit  Demo Permit

Property Description: Subdivision \_\_\_\_\_ Tract # \_\_\_\_\_ Unit # \_\_\_\_\_  
Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Parcel # \_\_\_\_\_  
Jobsite Address: \_\_\_\_\_

Type Of Work:  New Single Family Residence  New Residential Duplex  New Multi-Family (# of Units \_\_\_\_\_)  
 New Commercial  Detached Garage  Addition (Res) (Com) (Ind) (Public)  
 New Public  Pool  Remodel (Res) (Com) (Ind) (Public)  
 Other (Specify) \_\_\_\_\_  
Estimated Construction Cost \$ \_\_\_\_\_ Intended # of Employees \_\_\_\_\_  
Occupancy \_\_\_\_\_ Type of Construction \_\_\_\_\_ Residential Building Materials:  Wood  Block

Property Owners Name: \_\_\_\_\_  
Phone #: (\_\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_  
Address: (number, street, city, state, zip) \_\_\_\_\_ Email \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Phone #: (\_\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_  
Address: (number, street, city, state, zip) \_\_\_\_\_ Email \_\_\_\_\_

Contractor: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Phone #: (\_\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_  
Address: (number, street, city, state, zip) \_\_\_\_\_ Email \_\_\_\_\_  
Contractor License #: \_\_\_\_\_ Type: \_\_\_\_\_ City License #: \_\_\_\_\_ Sales Tax #: \_\_\_\_\_

Architect / Engineer of Record: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Phone #: (\_\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_  
Address: (number, street, city, state, zip) \_\_\_\_\_ Email \_\_\_\_\_

Lot Area (sq. ft) \_\_\_\_\_ Lot Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_ Front Side (Corner Lot) \_\_\_\_\_  
Roof Pitch (ft/in) \_\_\_\_\_ Material: \_\_\_\_\_ Comp \_\_\_\_\_ Tile \_\_\_\_\_ Other \_\_\_\_\_ Overall height of structure: \_\_\_\_\_  
Septic Tank:  Yes  No  
VALUATION OF WORK \$ \_\_\_\_\_ BUILDING PERMIT FEE \$ \_\_\_\_\_ ELECTRICAL PERMIT FEE \$ \_\_\_\_\_  
PLUMBING PERMIT FEE \$ \_\_\_\_\_ TOTAL FEES \$ \_\_\_\_\_  
Residential Floor Area: Main/Living Area \_\_\_\_\_ Garage \_\_\_\_\_ Patio/Porches \_\_\_\_\_ Other \_\_\_\_\_

Bldg Dept. Valuation Calcs \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Applicant (Print Name) \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date Submitted \_\_\_\_\_