

Permit #:
Application #:
Date Submitted:
Date Approved:

CITY OF PARKVILLE • 8880 Clark Avenue • Parkville, MO 64152 • (816) 741-7676 • FAX (816) 741-0013

APPLICATION	N FOR PERMIT
1. Property Description	
Property Address:Property Parcel Number:	<u>-</u>
Lot#: Plat #: Subdivision:	
	Zoning:
Eviating Lloo:	
Proposed Use (if different from existing):	
Located in the floodplain?	flood plain permits required)
2. Permit Type	
Check <u>one</u> of the following: Building Permit – New construction Building Permit – Tenant finish Building Permit – other (addition / alteration / remodel / repair/ roofing) Demolition Description of Work:	 □ Alarm □ Electrical only – general □ Mechanical only □ Plumbing only (includes sprinklers)
For additions: Existing square feet:	Addition square feet:
4. Applicant, Owner and Designer	
In addition to the following, if the property or building owned by a single individual, attach completed "owned"	are owned by a company, LLC, LLP or otherwise not ership" forms with the application.
Applicant / Permit Holder: ☐ Individual ☐ Corporation ☐ LLC / LLP ☐ Other	Architect / Engineer (if applicable): Name:
Name:	Company:
Company:	Address:
Address:	
	Phone 1:
Phone 1:	Phone 2:
Phone 2:	Email:
Email:	Fax:State License #:
Fax: Occ. License #:	State License #.
Building owner(s) if other than applicant: ☐ Individual ☐ Corporation ☐ LLC / LLP ☐ Other Name:	Property owner(s) if other than applicant: ☐ Individual ☐ Corporation ☐ LLC / LLP ☐ Other Name:
Company:	Company:
Address:	Address:
Phone 1:	Phone 1:
Phone 2:	Phone 2:
Email:	Email:
Fax:	Fax:

5. Contractors		
Note: All contractors must have valid City occupation	onal licenses per Chapter 605 of the Municipal Code.	
General Contractor if not permit holder: Name:	Subcontractor (Mechanical) Name:	
Occ. License #:	Name:Occ. License #:	
Subcontractor (Footing/Foundation) Name: Occ. License #:	Subcontractor (Roofing) Name: Occ. License #:	
Occ. License #:	Occ. License #:	
Subcontractor (Framing) Name: Occ. License #:	Subcontractor (Drywall) Name: Occ. License #:	
Occ. License #:	Occ. License #:	
Subcontractor (Electrical) Name:	Subcontractor (Other) Name:	
Name: Occ. License #:	Name:Occ. License #:	
Subcontractor (Plumbing) Name:	Subcontractor (Other)	
Name: Occ. License #:	Name:Occ. License #:	
6. Valuation		
Valuation of Construction (labor and material o	nly):	
Construction Square Footage:		
7. Acknowledgements		
agree to construct said improvements in compliance and ordinances. I further certify that all encumbrance noted on the plans submitted herewith. I realize that	ces restricting the use of the property are shown or the information that I have affirmed hereon forms a or and approval of plans in connection therewith shall aid premises or use thereof in violation of any	
Applicant's Signature Date	Title	
I do hereby authorize the submittal of this application and associated documents and certify that all information contained therein is true and correct to the best of my knowledge. I understand that by applying for this permit, I am consenting to the inspection of this property and to the entry onto the property by inspectors of the authority having jurisdiction for the purpose of performing the necessary inspections during normal business hours for the duration of the permit.		
Owner's Signature Date		
For Office Use Only		
Approved by:	Occupancy Group:	
Date Issued:	PZ/BZAcase# SPFPD#	
Plan Review Fee (29.0030) \$	PCRSD#	
Permit Fee: (21.0000) \$ Sewer Tap Fee: (64.0000) \$	Payment Info:	
Sewer impact Fee: (64.0001) \$	Cash D M.O. D CK. CK/MO #	
Total Fee:	Payment by:	
☐ Permit fee includes penalty for work without permit	Accepted by:	
Note:	Date:	

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