



Application for Construction Permit

Permit Use:**Permit Type** (check all that apply)

____ Single Family
 ____ Multi Family
 ____ Commercial

____ Building
 ____ Electrical
 ____ Mechanical

____ Plumbing
 ____ Water Tap
 ____ Sewer tap

____ Demo
 ____ Sign
 ____ other

Construction Information

Job Address: _____

Project Name: _____

Addition: _____ Lot #: _____ Block #: _____

Occupancy Group: _____ Construction Type: _____ Occupancy Load: _____ Property Zoning: _____

Square Footage of Structure: _____ Number of Stories: _____ Water Meter Size: _____ Sprinkled: _____

Description of work: _____

All contractors shall be qualified and licensed to work within the city limits of Excelsior Springs. Performance of work shall follow minimum standards of the 2012 IBC, IRC, IMC, IPC, IFB, IEBC, IPMC, ISPSC, and 2011 NEC. This building shall not be occupied without final inspection approval and a Certificate of Occupancy issued from the Community Development Inspections Department.

Applicant Information

Name: _____ Title: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Property Owner: _____

General Contractor: _____ Phone #: _____

Sub-Contractors

Plumbing: _____ Electrical: _____

Mechanical: _____ Fire Sprinkler: _____

Estimated Construction CostElectrical Cost: \$ _____ Mechanical Cost: \$ _____ **Total Project Cost:**

Plumbing Cost: \$ _____ Construction Cost: \$ _____ \$ _____

Office use only below:

Occ. /Bus. License: _____ Applicant signature: _____

Planning/Zoning: _____ Print Name: _____

Plan Review: _____ Date: _____

Permit # _____

Community Development located at: 201 E. Broadway Ave, Excelsior Springs, MO 34024

Or call (816)630-0756 * fax (816)630-9572