



# Commercial Building Permit Application

111 E Maple P.O. Box 1019 Independence, Mo 64051

Phone: (816) 325-7401 Fax: (816) 325-7770

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

Application Date: \_\_\_\_\_

## Type of Permit

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> New Commercial Building        | <input type="checkbox"/> Detached Building       | <input type="checkbox"/> Deck          |
| <input type="checkbox"/> Multi-Family -# of Units _____ | <input type="checkbox"/> Repair                  | <input type="checkbox"/> Change of Use |
| <input type="checkbox"/> Addition                       | <input type="checkbox"/> Swimming Pool           | <input type="checkbox"/> Solar         |
| <input type="checkbox"/> Tenant Finish                  | <input type="checkbox"/> Footing/Foundation Only | <input type="checkbox"/> Wind          |

## Project Information

Project Address: \_\_\_\_\_

Project/Tenant Name: \_\_\_\_\_

Type of Use: \_\_\_\_\_ Change of Use?  Yes  No If yes, previous use/tenant? \_\_\_\_\_

Structure Square Feet: \_\_\_\_\_ Addition Square Feet: \_\_\_\_\_

Need Meter Can?  Yes  No Service Size: Amps \_\_\_\_\_ Volts \_\_\_\_\_ Phases \_\_\_\_\_ All Electric?  Yes  No

**Solar/Wind permits require a Net Metering Agreement which can be found at [indep.us/net-metering-agreement](http://indep.us/net-metering-agreement)**

Description of Work: \_\_\_\_\_

Has the License Surcharge form been submitted:  Yes  No  N/A

The License Surcharge application can be found at [indep.us/license-surcharge-application](http://indep.us/license-surcharge-application)

**Note: The License Surcharge application form must be submitted prior to the issuance of the permit.**

Does work include any site work, filling or construction in the FEMA regulated floodplain?  Yes  No

**If yes, a floodplain development permit is required. Link to FEMA guidelines: <https://msc.fema.gov/portal>**

Is the proposed use subject to a Health Department Review Fee?  Yes  No

Uses requiring a Health Review Fee can be found at: <http://www.indep.us/planreviewtypes-health>

## Applicant/Design Professional Information

Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Design Professional in Charge: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**General Contractor/Subcontractor Information**

General Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Electrical Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mechanical Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Plumbing Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Cost Breakdown**

Construction Cost: \_\_\_\_\_

Electrical Cost: \_\_\_\_\_

Plumbing Cost: \_\_\_\_\_

Mechanical Cost: \_\_\_\_\_

Total Construction Cost: \_\_\_\_\_

**Submittal Requirements**

**All Commercial Building Permits:**

- **Submit 1 complete set of stamped sealed plans and specifications and 1 CD or thumb drive containing plans and specifications in expandable pdf form, with each subsection as its own pdf- i.e. arch, structural, mechanical, plumbing, electrical, etc., also signed and sealed.**
- **Application, plans and fee's must be submitted by mail or in office at City of Independence – ATTN: Building Inspections, 111 E Maple Ave Independence, MO 64050**

**Issuance Requirements**

**All Commercial Building Permits:**

- **All general and trade contractor's must have or obtain a contractor's and business license before the permit will be issued.**

**NOTICE TO APPLICANT:** Your signature is required to validate this form. Upon signing you assume all responsibilities and authorizations established by Code for work authorized there-in.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Date