



CITY OF NORTHMOOR

4907 NW WAUKOMIS DRIVE NORTHMOOR, MISSOURI 64151

PHONE: 816-741-6071 FAX 816-587-5129 clerk@northmoormo.gov

BUILDING PERMIT APPLICATION

FEES: VARIES (Listed Below)

- ❖ CERTIFICATE OF LIABILITY INSURANCE NAMING THE CITY OF NORTHMOOR AS CERTIFICATE HOLDER PROVIDED BY: ☐ ARCHITECT ☐ ENGINEER ☐ GENERAL CONTRACTOR ☐ ELECTRICAL CONTRACTOR ☐ MASTER ELECTRICIAN ☐ MASTER PLUMBER
- ❖ NO TAX DUE STATEMENT FROM THE STATE OF MISSOURI PROVIDED BY: ☐ ARCHITECT ☐ ENGINEER ☐ GENERAL CONTRACTOR ☐ ELECTRICAL CONTRACTOR ☐ MASTER ELECTRICIAN ☐ MASTER PLUMBER
- ❖ COPY OF CERTIFICATION NUMBER PROVIDED BY THE STATE: ☐ MASTER ELECTRICIAN ☐ MASTER PLUMBER

Project Street Address: _____ Date filed: _____ Expires: _____

Legal Description: Subdivision _____ Lot _____ Block _____

Cost of Construction: \$ _____ Zoning District: ☐ R-1 ☐ R-2 ☐ R-4 ☐ MHD ☐ C-1 ☐ C-2 ☐ M-1

(Please check all applicable boxes Separate fees are charged for each type of permit)

Intended Use:

☐ Commercial ☐ Single-Family Residential ☐ Multi-Family Residential ☐ Industrial ☐ Other _____

☐ Addition * ** (\$450.00)

☐ Detached Accessory Building (\$450.00)

☐ New Deck (\$250.00)

☐ Sheds Over 200 Sq. feet (\$250.00)

☐ New Construction * ** (Commercial bldg up to 10,000 sq. feet: \$1,500.00-Additional 1,000 sq. feet add \$50.00)
(Residence: \$950.00-deck is an additional charge) Both include 7 inspections

* Requires City of Northmoor be named as additional insured on Certificate of Liability (COL)

** Requires Engineer sealed design

BRIEF DESCRIPTION OF WORK TO BE PERFORMED UNDER THIS PERMIT: _____

APPLICANT

Name/Business Name: _____ Individuals' Printed Name: _____

Address: _____ PO Box: _____ City: _____ State: _____

Zip Code: _____ Bus. Phone: _____ Fax: Email: _____

PROPERTY OWNER

Owner-Please print or type: _____

Address: _____ PO Box: _____ City: _____ State: _____

Zip Code: _____ Bus. Phone: _____ Fax: Email: _____

CONTRACTORS

General: _____ Plumbing: _____

Electric: _____ HVAC: _____

Other Craft: _____

DESCRIPTION

Commercial

No. Stories: ____ Square feet- each story: _____ Total square feet: ____ Occupancy Group _____, IBC Chapter 3

Residential

#.Stories: ____ Square feet: first _____ second _____ Basement _____

Occupancy Group/Building Code: ☐ R-1, IBC; ☐ R-2, IBC; ☐ R-4, IRC

NOTICE: APPLICANT AND/OR GENERAL CONTRACTOR HEREBY AGREES TO ABIDE BY AND COMPLY WITH ALL CURRENTLY ADAPTED BUILDING CODES, HEALTH CODES AND ZONING CODES OF THE CITY OF NORTHMOOR. FURTHERMORE, THE APPLICANT AND/OR GENERAL CONTRACTOR UNDERSTANDS THAT ANY VARIATIONS AND/OR CHANGES TO THE ORIGINAL PLANS SUBMITTED TO THE CITY MUST HAVE PRIOR APPROVAL BEFORE THEY CAN BE IMPLEMENTED. FAILURE TO COMPLY WITH THESE PROVISIONS WILL RESULT IN THE IMMEDIATE TERMINATION OF THE BUILDING PERMIT.

1. BUILDING PERMITS ARE NON-TRANSFERABLE
2. BUILDING PERMITS EXPIRE 6 (SIX MONTHS) FROM THE DATE OF ISSUANCE
3. ALL APPLICATIONS REQUIRE PLOT PLANS / CONSTRUCTION PLANS BE ATTACHED

INSPECTIONS ARE REQUIRED ON ALL PHASES OF WORK

I hereby declare that all information submitted with this Application to be true and accurate to the best of my knowledge and that field inspections will take precedence over submitted plans. Applicant assumes responsibility of all work being performed under this permit.

Applicant/Contractor Signature: _____ Date: _____

Application approved by the Building Inspector: YES ☐ NO ☐

Building Inspector Signature: _____ Date: _____

IF NO - EXPLAIN; _____



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