



CITY OF NORTHMOOR

4907 NW WAUKOMIS DRIVE NORTHMOOR, MISSOURI 64151
PHONE: 816-741-6071 FAX 816-587-5129 Email clerk@northmoormo.gov

Remodeling Permit Application

FEE: \$250.00

- ❖ CERTIFICATE OF LIABILITY INSURANCE NAMING THE CITY OF NORTHMOOR AS CERTIFICATE HOLDER PROVIDED BY: PLUMBING CONTRACTOR HVAC CONTRACTOR GENERAL CONTRACTOR ELECTRICAL CONTRACTOR ENGINEER MASTER ELECTRICIAN MASTER PLUMBER
- ❖ NO TAX DUE STATEMENT FROM THE STATE OF MISSOURI PROVIDED BY: PLUMBING CONTRACTOR HVAC CONTRACTOR GENERAL CONTRACTOR ELECTRICAL CONTRACTOR ENGINEER MASTER ELECTRICIAN MASTER PLUMBER
- ❖ COPY OF CERTIFICATION NUMBER PROVIDED BY THE STATE: MASTER ELECTRICIAN MASTER PLUMBER
- ❖ COPY OF ENGINEER'S SEALED DESIGN PROVEDED YES NO

- FOUNDATION REPAIR **
- WEATHER/FIRE DAMAGE
- REMODEL/IMPROVEMENT
- TENANT FINISH
- NEW DECK

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

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: _____

****Inspection is required with a \$75 inspection fee. (No application fee is required)**

CONTRACTORS

General: _____ **Plumbing:** _____

Electric: _____ **HVAC:** _____

Other Craft: _____

DESCRIPTION

Commercial:

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

Residential:

No. 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.

REMODELING PERMITS ARE NON-TRANSFERABLE

REMODELING PERMITS EXPIRE 6 (SIX MONTHS) FROM THE DATE OF ISSUANCE

ALL APPLICATIONS REQUIRE PLOT PLANS / CONSTRUCTION PLANS BE ATTACHED

**INSPECTIONS ARE REQUIRED ON ALL PHASES OF WORK
(DOES NOT APPLY TO CELL TOWER AND BILLBOARD REPAIR/UPGRADE)**

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:** _____