

CITY OF INDEPENDENCE

ZONING / BUILDING / PERMIT APPLICATION

Address of Proposed Activity: _____

Subdivision Name: _____ Lot Number: _____

Property Identification Number (PIDN): _____

	<i>OWNER</i>	<i>CONTRACTOR</i>	<i>PLANS BY</i>	<i>APPLICANT</i>
Name				
Address				
City				
State				
Zip Code				
Phone #				
Fax #				
Cell #				

5. Proposed zoning or building activity:

- | | | |
|---|--|--|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Repair/Replacement | <input type="checkbox"/> Fence Type: _____ |
| <input type="checkbox"/> Addition To Building | <input type="checkbox"/> Agricultural/Farm Exemption | Height: _____ |
| <input type="checkbox"/> Alteration To Building | <input type="checkbox"/> Off-Street Parking/Unloading Facility | |
| <input type="checkbox"/> Demolition Of Building | <input type="checkbox"/> Change Of Use Or Occupancy | <input type="checkbox"/> Sign : <input type="checkbox"/> New |
| <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Driveway/Access Point | <input type="checkbox"/> Face Change |
| <input type="checkbox"/> Other: _____ | | |

6. Description of proposed activity and/or use: _____

7. Estimated Cost: (If single family project do not include lot cost) \$ _____

8. Type of sewage disposal:

- Public or Centralized
 On-site (septic tank)
 Sewer permit Number: _____

9. Type of water supply:

- Public Private (well, cistern)

10. Electrician:

Name: _____
 License Number: _____

11. HVAC:

Contractor: _____
 License Number: _____

11. Is the project located within the floodplain? Yes No

12. Is the project located on an original hillside slope of twenty (20) percent or greater? Yes No

13. How much land area is being disturbed for the proposed project? _____ acres

DO NOT WRITE BELOW THIS LINE

APPLICATION NUMBER: _____

DATE RECEIVED: ____/____/____

Sic Code: _____ Zoning Fee: _____

Zone: _____ Building Fee: _____

Cash Paid: _____ Total Fees: _____

Department	Approved	Approved with Conditions	Disapproved
Zoning			
Building			

Check Number _____

Date ____/____/____

Permit Issued: _____

Certificate of Occupancy Issued: _____

Signature of Administrative Official: _____

For A Residential Project, Please Complete The Following

16. Manufactured Home – Manufacturer: _____

17. Modular Home –Model Number: _____

18. Encroachment Permit Required By: County State

For A Non - Residential Project, Please Complete The Following

19. *Name of strip center:* _____

20. *Business name:* _____

21. *Registered Design Professional in responsible charge:* _____

22. *If the Registered Design Professional in responsible charge is an Architect, is this individual responsible for construction contract administration?* Yes No

23. ***Existing Building Information***

Existing use of building and/or space:

Building Square Feet _____	Square Feet Per Floor _____
Number of Stories _____	Building Suppression _____
Construction Type _____	

To Be Completed By All Applicants

****No work shall be started until proper permits have been issued****

****Fees are non-refundable****

****NOTICE****

All actions taken in connection with this application are based on the representations by the applicant that the submitted information and attachments are correct and accurate and the burden of proof of its correctness and accuracy is the responsibility of the applicant.

Owner or Authorized Agent (Signature) _____
Date

Owner or Authorized Agent (Please Print) _____
Date