



# BUILDING PERMIT APPLICATION

## Single Family - Duplex

City of Warrensburg  
102 S. Holden  
Warrensburg, MO 64093  
PH: 660.747.9135  
FX: 660.747.8927  
www.warrensburg-mo.com

DATE: \_\_\_\_\_ PERMIT # \_\_\_\_\_ CONSTRUCTION VALUE \$ \_\_\_\_\_

CONSTRUCTION ADDRESS \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ LOT (S) \_\_\_\_\_ BLOCK \_\_\_\_\_

IS THIS SITE LOCATED IN THE 100 YR FLOODPLAIN?  YES  NO

IS FOUNDATION OR ANY PART OF FOUNDATION, TO BE PLACED ON ENGINEERED FILL?  YES  NO

BUILDING/PROPERTY OWNER	GENERAL CONTRACTOR
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Name \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

**PERMIT TYPE** (Please check one in both boxes)

<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> SHED	<input type="checkbox"/> NEW CONSTRUCTION
<input type="checkbox"/> DUPLEX	<input type="checkbox"/> REROOF	<input type="checkbox"/> ADDITION
<input type="checkbox"/> DECK	<input type="checkbox"/> POOL	<input type="checkbox"/> ALTERATION / REMODEL
<input type="checkbox"/> FENCE	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> REPAIR / REPLACEMENT

**DIMENSIONS**

Structure To Be: \_\_\_\_\_ Ft. Wide | Total Sq. Feet Of Garage \_\_\_\_\_ # Of Bedrooms Per Unit \_\_\_\_\_

\_\_\_\_\_ Ft. High \_\_\_\_\_ Ft. Long | Total Sq. Feet Of Basement \_\_\_\_\_ # Of Stories \_\_\_\_\_

Total Lot in Square Feet. \_\_\_\_\_ Total Finished Floor Above Grade \_\_\_\_\_

Basement Is To Be:  Finished  Unfinished If New House or Duplex will structure have a deck?  Yes  No

**CHARACTERISTICS**

ROOFING TYPE:  Asphalt  Wood  Built-Up  Ceramic Tile  Concrete  Metal  Rolled Roofing  Other

TYPE OF FUEL:  Gas  Electricity  Other

SUBCONTRACTORS	NAME	PHONE	BUSINESS LICENSE
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\*\*Electrical \_\_\_\_\_  Yes  No

\*\*Plumbing \_\_\_\_\_  Yes  No

Mechanical \_\_\_\_\_  Yes  No

Flatwork \_\_\_\_\_  Yes  No

Foundation/Wall \_\_\_\_\_  Yes  No

Framing \_\_\_\_\_  Yes  No

Roofing \_\_\_\_\_  Yes  No

\*\*Must be able to provide proof of completion of Block Test or Trade License for town of similar size.

**TRANSIENT EMPLOYEES:**

Will any transient employees be employed as a part of this project? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 See Missouri Dept. of Revenue FORM 3032 Transient Employer Guidelines for a definition of transient employee.

IF YES, Tax Clearance Letter from Dept. of Revenue Received \_\_\_\_\_ DATE \_\_\_\_\_ BY \_\_\_\_\_  
 The Missouri Dept. of Revenue FORM 943T Request for Tax Clearance for Transient Employers is available from the Community Development Department.

**RIGHT OF ENTRY:**

In the discharge of his/her duties, the Building Official or his/her designated representative shall have the authority to enter at any reasonable hour any building, structure or premise in this jurisdiction to enforce the provisions of the building codes adopted by the city of Warrensburg.

The undersigned permittee acknowledges the application of the City of Warrensburg zoning ordinance, Chapter 27 of the City Code, and Subdivision Regulations, Chapter 21 of the City Code, to all construction within the City of Warrensburg, and specifically acknowledges that setback regulations apply to all construction within the City. The undersigned permittee is solely responsible to investigate these regulations and insure compliance with their particular requirements. Failure to do so may result in citation for violation of the applicable ordinance, failure to secure a certificate of occupancy, failure to secure future permits, or any combination thereof.

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make the application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction.

\_\_\_\_\_ ADDRESS OF APPLICANT \_\_\_\_\_  
 APPLICANT NAME (PLEASE PRINT) \_\_\_\_\_

\_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

PLANS SUBMITTED TO THE CITY FOR PLAN REVIEW, VALUATION AND A BUILDING PERMIT WILL BE SUBJECT TO A FEE. THE FEE WILL BE PAID BY THE OWNER/ APPLICANT BEFORE ISSUANCE OF THE BUILDING PERMIT.

**FOR OFFICE USE ONLY**

**NEW CONSTRUCTION FEES WILL BE CALCULATED AS FOLLOWS:**

	<b>Finished Floor Area Above Grade</b>	<b>Garage Area</b>	<b>Basement</b>
Gross Area	_____	_____	_____
X Cost per Sq. Ft.	\$ _____	\$ _____	\$ _____
X Permit Fee Modifier	_____	_____	_____
=	\$ _____	\$ _____	\$ _____

PERMIT FEE	\$ _____
PLUMBING PERMIT	\$ _____
ELECTRICAL PERMIT	\$ _____
HVAC PERMIT	\$ _____
<b>Bld. Sub-Total</b>	\$ _____
SIDEWALK PERMIT	\$ _____
SEWER TAP	\$ _____
DRIVEWAY PERMIT	\$ _____
OTHER FEE	\$ _____

*GROSS AREA is the actual sq. ft. of the structure  
 COST PER SQ. FT. is the average cost of construction per sq. ft. established semi-annually by the Building Official and Code Administrator magazine, a copy of which is kept on file in the Building Inspection division of the Community Development Department.*

*PERMIT FEE MODIFIER is that figure established annually by the Building Official, which reflects the City's expenses in providing Building Inspection services. The permit Fee Modifier is based on the (%) percent recovery of the expenses of the Building Inspection division established by the City Council by resolution from time to time. Separate rates of recovery may be established for Industrial, Commercial, Multi-Family and Single Family structures.*

**OTHER FEES WILL BE ASSESSED BY VALUE, PER CITY ORDINANCE 6-18, Sec. 114.3**

TOTAL \$ \_\_\_\_\_  
 APPROVED \_\_\_\_\_  
 DENIED \_\_\_\_\_  
 DATE \_\_\_\_\_  
 BY \_\_\_\_\_