



Upstream from ordinary.

THE CITY OF RIVERSIDE, MISSOURI
Construction Permit Application

2950 N.W. Vivion Rd. 64150 816-714-3993 Fax 816-746-8349
www.riversidemo.com

Permit No. [ ]

Project Street Address: \_\_\_\_\_ Date filed: \_\_\_\_\_

Legal Description: Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Cost of Construction: \$ \_\_\_\_\_

Zoning District: [ ] I [ ] R-1 [ ] R-2 [ ] R-3 [ ] C [ ] CPO [ ] GP-1 [ ] PD

Please check all applicable boxes

Type of Permit: [ ] Building [ ] Plumbing [ ] Electric [ ] Heating and Cooling [ ] Demolition\*\* [ ] Other \_\_\_\_\_

Intended Use: [ ] Commercial [ ] Single-Family Residential [ ] Multi-Family Residential [ ] Industrial [ ] Other \_\_\_\_\_

[ ] New Construction\*\*\* [ ] New Deck [ ] Repair Deck\* [ ] Fence [ ] Retaining Wall \*\*\* [ ] Foundation Repair\*\*\*
[ ] Repair/Improvement [ ] Tenant Finish\*\*\* [ ] Addition\*\*\* [ ] Detached Accessory Building [ ] Weather/Fire Damage\*\*\*

\* Deck repair means; replacement only of Decking Boards-complete removal, then check New Deck
\*\* Requires City be Named as additional insured on insurance certificate- copy filed with Riverside
\*\*\* Requires Engineer sealed design

Adopted Codes: 2003 IBC, IMC, IPC, IFGC, IRC, IFC & 2002 NEC

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

Contractors

General \_\_\_\_\_ Plumbing \_\_\_\_\_
Electric \_\_\_\_\_ HVAC \_\_\_\_\_

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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-3, IRC [ ]

FEES

Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_ [ ] Cash Check #: \_\_\_\_\_ Receipt # \_\_\_\_\_ Paid by: [ ] Owner [ ] Contractor

APPROVALS

Signature of Staff: \_\_\_\_\_ Date: \_\_\_\_\_ BZA Date: \_\_\_\_\_ P&Z Date: \_\_\_\_\_ BOA Date: \_\_\_\_\_
Printed Name of Staff: \_\_\_\_\_