



City of Sugar Creek

Building Department
103 S. Sterling, Sugar Creek, MO. 64054
Phone: 816-252-4400 x 122 Fax: 816 252-7082

Building/Construction Permit Application

103 S. Sterling, Sugar Creek, MO. 64054
Phone: (816) 252-4400 x 122 Fax: 816-252-7082

Job Address _____ Current Zoning _____

Building _____ Electrical _____ Plumbing _____ Mechanical _____ Sign _____ Pool _____ Demo _____
Other _____

Applicant Name _____ Phone: () _____
Fax: () _____

Applicant Address _____ Zip _____

Contractor Name _____ Phone () _____

Contractor Address _____ Zip _____

+++++

SUB CONTRACTORS

Electrical _____ Service Size _____ amp

Address _____ Zip _____ Phone () _____

Mechanical _____ Furnace? _____ Duct Work? _____

Address _____ Zip _____ Phone () _____

Plumbing _____ Water Heater _____ Elec.? _____ Gas? _____

Address _____ Zip _____ Phone () _____

Water Lines? _____ Gas Lines _____ Fixtures? Other? _____

Other Sub-Contractors (Include Address & Phone)

+++++

Construction Cost Estimate _____

Square Footage of Structure _____

Description of Project (Work):

Project Plans Submitted by: _____ Architect _____ Contractor _____ Owner _____ Tenant _____ Other

Who is the Project Contact Person _____

Phone _____

Property Owner (Name, Address + Zip, Phone) _____

Water Line Size Main to Meter (Minimum 3/4 inch K CU only required – 1” & larger will require contractor or owner to supply the meter). _____

Will a Street Opening Permit be required for this project? YES _____ NO _____

+++++\

EXISTING PROPERTY USE _____

PROPOSED USE _____

COMMERCIAL APPLICANTS

IBC OCCUPANCY TYPE _____ IBC CONSTRUCTION TYPE _____

OCCUPANCY LOAD _____

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I DECLARE THAT I HAVE EXAMINED AND/OR MADE THIS APPLICATION AND IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AGREE TO CONSTRUCT SAID IMPROVEMENT IN COMPLIANCE WITH ALL PROVISIONS OF THE ORDINANCES OF THE CITY OF SUGAR CREEK. I REALIZE THAT THE INFORMATION THAT I HAVE STATED HEREIN FORMS A BASIS FOR THE ISSUANCE OF THE BUILDING PERMIT HEREIN APPLIED FOR AND APPROVAL OF ANY PLANS IN CONNECTION THEREWITH SHALL NOT BE CONSTRUED TO PERMIT ANY CONSTRUCTION UPON SAID PREMISES OR USE THEREOF IN VIOLATION OF ANY PROVISION OF THE INTERNATIONAL BUILDING CODE THEREWITH. WHERE NO WORK HAS BEEN STARTED WITHIN 180 DAYS AFTER THE ISSUANCE OF A PERMIT OR WHEN MORE THAN 180 DAYS LAPSES BETWEEN APPROVAL OF REQUIRED INSPECTIONS, SUCH PERMIT SHALL BE VOID. I HEREBY CERTIFY THAT I AM THE OWNER AT THIS ADDRESS OR THAT, FOR THE PURPOSES OF OBTAINING THIS APPROVAL; I AM ACTING ON BEHALF OF THE OWNER. ALL CONTRACT WORK ON THIS PROJECT WILL BE DONE BY CONTRACTOR HOLDING A VALID PRIVILEGE TAX LICENSE AND/OR A CONTRACTOR'S LICENSE ISSUED BY A GREATER KANSAS CITY AREA MUNICIPAL GOVERNMENT.

Applicant (print name) _____

Signature of Applicant _____

Address _____ City & State _____ Zip _____

Phone (Business Hours) () _____

Fax _____

E-mail Address _____