



CITY OF GRANDVIEW / BUILDING SERVICES
 1200 MAIN STREET, GRANDVIEW, MO 64030
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 WWW.GRANDVIEW.ORG

GRANDVIEW BUILDING PERMIT APPLICATION

PERMIT NO:

Community Development Department – Building Services

(816) 316-4817

Please Print. *Note: Applications cannot be processed until completed in full.*

Date: / /

PROJECT ADDRESS: _____ Parcel ID#: - - - - -

LOT: _____ BLOCK: _____ ZONE: _____ SUBDIVISION: _____

PERMIT TYPE: Residential Commercial Industrial Agricultural Other

ADDITIONAL INFO: New Addition Remodel Reroof Deck Swimming Pool Fence

Scope of Work:

If no General Contractor for project – APPLICANT/OWNER information:

Name:

Address: _____ City: _____ State: _____ Zip: _____

Phone: () - _____ Email: _____ Fax: () - _____

General Contractor: _____ Framing Contractor: _____

Electrical Contractor: _____ Roofing Contractor: _____

Plumbing Contractor: _____ Sheetrock Contractor: _____

Mechanical Contractor: _____ Foundation/Concrete Contractor: _____

FENCES/SHEDS: Height: ' Feet Materials:

Floor Areas		Miscellaneous Permit Information		
Garage	Sq. Ft.	Drive Approach	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unfinished Basement	Sq. Ft.	Sidewalk	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Finished Basement	Sq. Ft.	Lawn Sprinkler	Yes <input type="checkbox"/>	No <input type="checkbox"/>
First Floor	Sq. Ft.	Deck	Value: \$	Sq. Ft.
Second Floor	Sq. Ft.	Det. Garage	Value: \$	Sq. Ft.
Third Floor	Sq. Ft.	Shed	Value: \$	Sq. Ft.
TOTAL SQUARE FEET (not incl. deck)	Sq. Ft.	Fence	Value: \$	
Other/Misc. Construction	\$	Swimming Pool	Value: \$	
TOTAL CONSTRUCTION VALUE	\$	Retaining Wall	Value: \$	

I hereby affirm the above statements are true and correct and agree to comply with all provisions of the Building Code and other applicable ordinances and laws.

Signature of Applicant

Signature of Building Official

/ /

Date

Date