



Email and Fax Permit Process Information Bulletin No. 109

(August 20, 1996 – Revised February 7, 2014)

City Planning & Development Department – Development Services

City Hall, 414 E. 12th Street, 5th floor, Kansas City, MO 64106-2795

Phone (816) 513-1500

www.kcmo.gov/planning

The City Planning & Development Department - Development Services (CPD-DS) can process your permit application by email or fax with payment by credit card (Visa, Mastercard, Discover and American Express). This service is offered as a convenience to our customers in our continuing effort to provide prompt, accurate and courteous service.

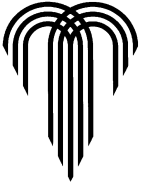
This service may be utilized in obtaining electrical, mechanical and plumbing permits, building permits for new one and two family residences with an approved master plan number, fast-track sprinkler permits, building permits for projects that were submitted electronically for review and building permits for swimming pools and decks.

Please follow the following procedure if you would like to use this service:

1. Fill out the attached permit application.
2. Fill out the attached Credit Card Authorization form. A completed form is required for each permit application.
3. Email or fax both forms to the City Hall Permit Center at cdpermits@kcmo.org or fax to (816) 513-1456.

Once your application is received at the City Hall Permit Center, it will be processed and active by the end of the next business day. When we have completed processing your application, we will email or fax you a validated copy of the permit, and you may begin work and request inspections.

Please feel free to contact our office at 816 513-1500, if you have any further questions or comments on this procedure. We hope this will be an added convenience for you.



CITY OF KANSAS CITY, MISSOURI

PERMIT APPLICATION

City Planning & Development Department
Development Services
City Hall, 414 E. 12th St. 5th fl.
Kansas City, MO 64106

Permit Center (816) 513-1500
Fax permit applications (816) 513-1456
Email permit applications to cdpermits@kcmo.org
Fax inspection requests: (816) 513-1536
24-hour Inspection Hotline: (816) 513-1500

PROJECT ADDRESS: _____ SUITE: _____ PERMIT NO.: _____

PROJECT NAME: _____ BUILDING USE: _____

PERMIT TYPE: _____ TYPE OF WORK: _____

APPLICANT
NAME: _____

APPLICANT
ADDRESS: _____

CITY _____ STATE _____ ZIP _____ PHONE _____ FAX _____

E-MAIL ADDRESS _____

CONTRACTOR LICENSE NO.: _____ OCCUPATIONAL LICENSE NO.: _____

ZONING DISTRICT: _____ OCC GROUP: _____ CONST. TYPE: _____

STRUCTURAL CLASS _____ SITE PLAN REQD: _____ CONTROL NO.: _____

NO. OF STORIES: _____ GROSS BUILDING AREA: _____ DWELLING UNITS: _____

CONDITIONS OF APPROVAL:
Smoke detector installation is required in residential dwelling units by IRC/IBC and will be verified at the final inspection. Plumbing work shall be performed by a certified journeyman or master plumber, or other direct plumbing employee with on-site supervision by a certified plumber. [Exception: Permits issued for work by a homeowner per KCBRC 18-14(I)]

DESCRIPTION OF THE WORK: _____

VALUE OF WORK: _____ PERMIT FEE: _____

APPLICANT: I, _____, _____, hereby certify that I am the authorized agent of the permittee and

PRINT NAME POSITION

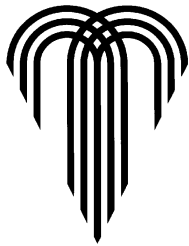
affirm that the above statements are true and correct, and agree to comply with the provisions of the Kansas City Building and Rehabilitation code and other applicable ordinances and laws. Where asbestos containing materials may be present, the undersigned acknowledges responsibility to comply with all requirements of the Code of Ordinances Chapter 8. Air Quality. Verification of availability of utility services is the responsibility of the applicant, and may impact final approval of the permitted work. No combustible construction may occur prior to the availability of fire hydrants with water supply as required by Code of Ordinances Chapter 28, Fire Code. This permit is subject to expiration in accordance with KCBRC 18-19.

If this form is transmitted by fax or by email, the signature on the application, whether typed, printed or hand-signed, will be considered by the City to be the applicant's intended signature.

SIGNATURE OF APPLICANT DATE _____

THIS FORM IS A PERMIT ONLY WHEN VALIDATED HERE

PERMISSION FOR ABOVE DESCRIBED WORK IS HEREBY GRANTED	
_____ FOR THE BUILDING OFFICIAL	DATE _____



Credit Card Authorization

CITY PLANNING & DEVELOPMENT DEPARTMENT
City of Kansas City, Missouri

American Express, Discover, Mastercard and Visa Accepted

Permit Center: FAX (816) 513-1456 (Permits, Reinspection, Contr. Licensing & Registration)
Plans Review: FAX (816) 513-1484 (Code Modification Requests, Permits, Elevator Inspections)
Business Services: FAX (816) 513-1457 (BFCBA, Returned Checks, Newsletter)

Project Name/Address: _____

Card Holder Name (*as it appears on front of card*): _____

Account No.: _____ Expiration Date: _____

Address: _____ Home Telephone #: _____

City, State, Zip: _____ Work Telephone #: _____

Card Holder's Signature: _____ Date: _____

If this form is transmitted by fax or by email, the signature on the application, whether typed, printed or hand-signed, will be considered by the City to be the applicant's intended signature.

I hereby authorize the City Planning & Development to charge the credit card listed above in the amount of \$_____. This charge is for fees or services and is accepted by City Planning & Development in good faith. Should I have any questions concerning credit card charge(s) made to my account, I will make every attempt to resolve the issue directly with City Planning & Development, (816) 513-1500.

This charge is authorized for payment of the following (check all applicable):

- | | |
|---|---|
| <input type="checkbox"/> Email and Fax Permit | <input type="checkbox"/> Code Modification Request (CMR) |
| <input type="checkbox"/> LSR Permit | <input type="checkbox"/> Contractor Licensing & Registration |
| <input type="checkbox"/> Bldg/Fire Code Brd Of App. (BFCBA) | <input type="checkbox"/> Encroachment Permit fees |
| <input type="checkbox"/> Board of Zoning Adjustment | <input type="checkbox"/> Landmarks |
| <input type="checkbox"/> Certificate of Qualification | <input type="checkbox"/> Periodic Inspections (elevators, etc.) |
| <input type="checkbox"/> Plan Check fees | <input type="checkbox"/> Reinsp'n Fee - Prmt # _____ |
| <input type="checkbox"/> Cert. Legal Non-Conf. Use (CLNU) | <input type="checkbox"/> Returned Check Fees |
| <input type="checkbox"/> City Plan Commission | <input type="checkbox"/> Other |
| <input type="checkbox"/> Code Compliance (zoning) Letter | |