

**BUILDING PERMIT APPLICATION**  
**CITY OF MERRIAM**  
COMMUNITY DEVELOPMENT/PLANNING & CODES DEPARTMENT  
9000 W. 62<sup>ND</sup> TERRACE, MERRIAM, KANSAS 66202-2815  
**Phone: (913)322-5520      Fax: (913)322-5505**

**To be completed by the applicant:**

**PERMIT NO.** \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_ SUITE/ROOM: \_\_\_\_\_

LOT NO. \_\_\_\_\_ BLOCK: \_\_\_\_\_ TRACT: \_\_\_\_\_

Owner _____	Address _____	City, State & Zip _____	Phone # _____
Architect _____	Address _____	City, State & Zip _____	Phone # _____

TYPE OF WORK:       New       Addition       Alteration       Repair       Move       Demolition

CONST. TYPE: \_\_\_\_\_ USE GROUP/DIV: \_\_\_\_\_ SEWER PERMIT NO.: \_\_\_\_\_ TOTAL Sq. Ft.: \_\_\_\_\_

*General Contractor* \_\_\_\_\_ License No. \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

VALUATION OF WORK (MATERIAL + LABOR)\$: \_\_\_\_\_ FEE \$: \_\_\_\_\_

*Electrical Contractor* \_\_\_\_\_ License No. \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

*Plumbing Contractor* \_\_\_\_\_ License No. \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

*Mechanical Contractor* \_\_\_\_\_ License No. \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

DESCRIPTION OF WORK TO BE DONE: \_\_\_\_\_

I, THE UNDERSIGNED, HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND DECLARE MY RESPONSES TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION. I UNDERSTAND THAT THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

\_\_\_\_\_  
Signature of owner or authorized agent      Date

**PRINT NAME:** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**Use Zone:** \_\_\_\_\_ **Flood Plain:**  Yes  No **Fire Sprinklers Req'd.:**  Yes  No

**PERMIT TYPE-CIRCLE ALL THAT APPLY:**      GR Grading    RM Res. Mech.    CE Com. Elect.    RE Res. Elect.    DK Deck  
PS Pool/Spa    FB Fin. Bsmt.    RA Room Addit.    GA Garage/Accessory    CR Com.Remodel    SI Sign    RR Res. Remodel    FR Fire Repair  
SR Structure Repair    FF Footing/Foundation    DE Demo    TF Tenant Finish    RF Re-Roof    DW Driveway    TS Temp. Structure  
FE Fence    CP Com. Plumb.    RP Res. Plumb.    CM Com. Mech.    R Res. Bldg.    C Com. Bldg.

SPECIAL CONDITIONS \_\_\_\_\_

**TOTAL PERMIT FEE \$** \_\_\_\_\_

PAYMENT
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\_\_\_\_\_  
Approved for issuance (Signature of Building Official)      Date