



BUILDING PERMIT APPLICATION CITY OF GREENWOOD, MISSOURI

709 West Main Street
Greenwood, Missouri 64034
Phone: 816-537-6969 Fax 816-537-7461

Applicant: _____ **Contractor:** _____

Address: _____

Phone: _____ **Fax:** _____

BUILDING LOCATION INFORMATION

Address: _____

Subdivision: _____ **Lot No.:** _____ **Plat:** _____

1. **Building Permit Type:** New _____ Remodel _____ Roof Repair _____ Utility Building _____
Fence _____ Deck _____ Swimming Pool _____ Spa _____ Garage _____

2. **Brief Description of Project:** _____

3. **Have you previously submitted this set of plan to the City of Greenwood?** _____
Title of Plans _____ Date Submitted _____

4. **Project Valuation:** _____

5. **Square footage for each of the following areas, where applicable:**

1st Floor _____ 2nd Floor _____ 3rd Floor _____
Garage _____ Finished Basement _____ Unfinished Basement _____

Additional Information Required:

No. of Furnaces: _____ **No. of A/C Units:** Under 3 ½ Tons _____ Over 3 ½ Tons _____

No. of Electrical Panels: 100 Amp _____ 200 Amp _____ 400 Amp _____

Water Service: _____ Open cut/trench _____ Directional Bore _____ Pipe Jacking _____

LIST ALL CONTRACTORS (Name and Address):

General Contractor _____
Electrical _____
Plumbing _____
HVAC _____
Concrete/Flat Work _____
Other _____

ATTENTION: Pursuit to City Code, Section 605, Business Licenses; all sub-contractors are required to obtain a business license prior to conducting work.

AFFIDAVIT: I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Codes adopted by the City of Greenwood and all applicable ordinances.

Signature of Owner or Auth. Agent

Printed Name

Date