

Construction Permit Application Submittal Information

CITY OF RAYTOWN, MO
Community Development Department
10000 E. 59 Street, Raytown, Missouri 64133
Phone:(816) 737-6011 Fax: (816) 737-6164

Project Name: _____

Project Address: _____

Property Owner Information:

Name: _____

Address: _____

Phone: _____

Driver's License: _____

Contractor Information:

Name: _____

Address _____

City/State: _____

Phone: _____

Driver's License: _____

Craftsman Information:

Company Name: _____

Master Electrician: _____

Address: _____

Phone: _____

Company Name: _____

Master Mechanical: _____

Address: _____

Phone: _____

Company Name: _____

Master Plumber: _____

Address: _____

Phone: _____

Type of Work: Single Family _____ Duplex _____

3 or 4 Family _____ Other _____ Commercial _____

Multi-Family Residential _____

New _____ Addition _____ Alteration _____ Repair _____

Move _____ Demolition _____

Project Description: _____

Main Occ. Group _____ Occ. Load _____

Type of Construction: _____

Sprinkler Required: Yes _____ No _____

Sidewalk Required: Yes _____ No _____

Sidewalk Location: _____

Total Project Valuation (Plus Mech, Plbg, Elec, Sprklr, Etc.,
excluding site improvements and property): \$ _____

Approved By: _____

Date: _____