



City of Buckner

315 S Hudson Street, P.O. Box 377, Buckner, MO 64016

Phone: (816) 650-3191 ext. 1 • Fax: (816) 650-9797

Building Inspector: Mark Manville, mmanville@jbts.org

Office (816) 768-0805, cell (816) 509-2145

BUILDING PERMIT APPLICATION: _____ RESIDENTIAL _____ COMMERCIAL

Application Date: _____ Permit Number: _____

Parcel Number: _____ Project Valuation: \$ _____

Project Address: _____ Lot # _____

_____ New Construction _____ External Remodel _____ Internal Remodel _____ Roof

Occupancy: _____ Single Family _____ Multi-Family (# of units _____) _____ Commercial

Water Meter Size: _____ Sewer Size: _____ Fire Suppression: Y N N/A

Footprint ft²: _____ Total Finished ft²: _____

Project Description: _____

Property Owner: _____

Address: _____

Phone: _____ E-mail: _____

Contractor / Company Name: _____

Address: _____

Phone: _____ Business License #: _____

Applicants Signature: _____

Office use only

TYPE OF PERMIT ISSUED _____

FEE'S CHARGED _____

PERMIT NUMBER _____