



# City of Buckner

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

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

Submit to kdavis@cityofbuckner.org

**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 ft<sup>2</sup>: \_\_\_\_\_ Total Finished ft<sup>2</sup>: \_\_\_\_\_

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 \_\_\_\_\_