



City of Belton
 520 Main Street
 Belton, MO 64012
 Phone 816.331.4331
 Fax 816.331.6973

BUILDING PERMIT APPLICATION

RESIDENTIAL

The applicant warrants the truthfulness of the information in this application, and if any information provided is incorrect, the Building Permit may be revoked. Furthermore, if the permit is issued wrongfully, whether based on misinformation on an improper application of the code, the Building Permit may be revoked.

DATE: _____ PHONE #: _____

APPLICANT: _____ SIGNATURE: _____

ADDRESS: _____

LOCATION OF WORK: _____

LOT# _____ BLOCK _____ SUB-DIVISION _____

Description of Work: _____

SUBCONTRACTORS

	NAME	ADDRESS	PHONE
EXCAVATION	_____	_____	_____
FOUNDATION	_____	_____	_____
STEEL ERECTION	_____	_____	_____
PLUMBING	_____	_____	_____
SEWER / WATER	_____	_____	_____
ELECTRICAL	_____	_____	_____
HVAC	_____	_____	_____
INSULATION	_____	_____	_____
SIDEWALK/DRIVEWAY	_____	_____	_____
ROOFING	_____	_____	_____
OTHER	_____	_____	_____

Attach a list of any sub-contractors not shown in the above section.

THE GENERAL AND ALL SUB-CONTRACTORS ARE REQUIRED TO BE LICENSED BY THE CITY OF BELTON BEFORE PERMIT WILL BE ISSUED. ALL STRUCTURES MUST CONFORM TO THE CURRENT ADOPTED CODES AND ZONING ORDINANCES.

New construction may be subject to a Street Impact Fee. Other fees that may apply include: Building Permit Fee, Right of Way Permit Fee, Water Tap, Sewer Tap, Water Deposit, Water Connection Fee.

Complete below for New Construction only:

Square Footage: 1st Floor _____ 2nd Floor _____ Basement: F _____ U/F _____

Garage _____ Deck _____ A/C _____ (Total Conditioned Area)

Number of Bath Rooms: Full _____ ¾ _____ ½ _____

Attach Supporting Documentation or Additional Building Information if Needed