

PERMIT APPROVED

Signature _____

Approval Date _____

Date of Pre-Build Meeting _____

**CITY OF MISSION HILLS
Application for Building Permit**

6300 State Line Road
Mission Hills, KS 66208
(913) 362-9620

info@missionhillssks.gov

Date Submitted: _____

Permit Number: _____

Date Issued: _____

I/we hereby make application for a building permit pursuant to the Mission Hills Zoning Regulations, and state and certify as follows:

- Street address is: _____
- Owners of the property are: _____
- Provide a complete description of all activity that will be covered by this building permit: _____

- Principal materials of construction are: _____
- Property upon which the proposed construction will occur is platted.
- Estimated cost of the proposed construction is: _____
- Total square footage of the proposed project is: _____
- Total square footage of land that will be disturbed is: _____
- Amount of fill being brought onto the property (in cubic yards) is: _____
[Fill is the deposit of natural earth materials (except mulch), including soil, rock, & gravel, placed by artificial means.]
- Distance of land disturbance activity from creek or property line is: _____
- Slope of property at site of land disturbance activity is: _____
[Slope is how far the grade drops in the area of the disturbance, such as 1 foot vertical by 15 feet horizontal.]
- The person or entity erecting the proposed structure has liability insurance in an appropriate amount.

Name of Contractor

Name of Property Owner

Street Address

Street Address

City, State & Zip

City, State & Zip

Daytime Phone

Evening Phone

Daytime Phone

Evening Phone

Contractor E-mail Address

Signature of Property Owner

Johnson County Contractor License No. & Class/Kansas State Registration No. for roofing work _____ Mission Hills Occupational License

Contractor Signature - Verifies any subcontractors are licensed by Johnson County to complete work
Permit is based on: _____ cost _____ square footage _____ both (see back for calculation)

FOR CITY USE ONLY

INSPECTIONS

- Footing _____
- Stem Walls _____
- Rough-In _____
- Drive Approach _____
- Gas Test _____
- Final _____
- Other _____
- Other _____
- Other _____
- Other _____

Permit Cost: _____

Inspection Fees: _____

Stormwater/
Floodplain Fee: (\$250): _____

Total: _____

Date Fees Paid: _____

Permit Expires: _____

City Clerk: _____

Extension Date: _____

Extension Amount: _____

Extension Approval: _____

Bond Amount: _____

[Concrete=\$2,500; Subst. Const. =\$5,000]

LDA permit needed: _____ Yes _____ No

PROFESSIONAL REVIEW FEE: \$2,000

DATE PAID: _____

PLAN REVIEW FEE:

DATE PAID: _____

Date: _____
Plans Approved by the **ARCHITECTURAL
REVIEW BOARD** subject to the following:

Signatures:

**CALL FOR INSPECTIONS
AT LEAST 24 HOURS IN
ADVANCE.**

Plans Approved by the Board of Zoning Appeals: _____ Date _____

NOTICE TO APPLICANTS AND OWNERS: The issuance of a permit is subject to appeal within thirty (30) days to the Board of Zoning Appeals. Incur expenses at your own risk, under permit, until right of appeal has elapsed.