



205 NW Heady Ave Ferrelview, MO 64163 Phone: (816) 464-5010 Fax (816) 464-2383

APPLICATION FOR AN IMPROVEMENT PERMIT

APPLICANT INFORMATION	
Applicant/Company Name:	
Project Manager:	
Mailing Address:	
Contact Number:	
PRO	JECT INFORMATION
Project Address:	
Project Description:	
-	
Project Start & End Dates:	
Total Valuation :	
Commissioner. By signing this applica	proved/denied. All applications will be reviewed by the Building tion the applicant agrees to the conditions set forth in Ordinance requested at any time. Construction may not begin until a permit is
Applicant Signature	Date
	OFFICE USE ONLY
Date Received:	CONTINUE COSE ONLY
Approved/Denied:	
Building Permit No:	
Conditions/Requirements:	
Building Commissioner	Date
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