

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@missionhillsks.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:

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

4. Principal materials of construction are: _____
5. Property upon which the proposed construction will occur is platted.
6. Estimated cost of the proposed construction is: _____
7. Total square footage of the proposed project is: _____
8. Total square footage of land that will be disturbed is: _____
9. 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.]
10. Distance of land disturbance activity from creek or property line is: _____
11. 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.]
12. 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: (\$400): _____

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.