



Upstream from ordinary.

THE CITY OF RIVERSIDE, MISSOURI
Building Permit Application

2950 N.W. Vivion Rd. 64150 816-741-3993 Fax 816-746-8349
www.riversidemo.com

Permit No. []

Project Street Address: _____ Date filed: _____

Legal Description: Subdivision _____ Lot _____ Block _____ Cost of Construction: \$ _____

Zoning District: [] I [] R-1 [] R-2 [] R-3 [] C [] CPO [] GP-1 [] PD

Please check all applicable boxes

Type of Permit: [] Building [] Plumbing [] Electric [] Heating and Cooling [] Demolition** [] Other _____

Intended Use: [] Commercial [] Single-Family Residential [] Multi-Family Residential [] Industrial [] Other _____

- [] New Construction*** [] New Deck [] Repair Deck* [] Fence [] Retaining Wall *** [] Foundation Repair***
[] Repair/Improvement [] Tenant Finish*** [] Addition*** [] Detached Accessory Building [] Weather/Fire Damage***

* Deck repair means; replacement only of Decking Boards-complete removal, then check New Deck
** Requires City be Named as additional insured on insurance certificate- copy filed with Riverside
*** Requires Engineer sealed design

Adopted Codes: 2018 IBC, IMC, IPC, IFGC, IRC, IFC & 2011 NEC

Brief description of work to be performed under this permit

Applicant:

Name/Business Name: _____ Individuals' Printed Name: _____
Address: _____ PO Box: _____ City: _____ State: _____
Zip Code: _____ Bus. Phone: _____ Fax: Email: _____

Property Owner:

Owner-Please print or type: _____
Address: _____ PO Box: _____ City: _____ State: _____
Zip Code: _____ Phone: _____ Fax: Email: _____

Contractors

General _____ Plumbing _____
Electric _____ HVAC _____

I hereby declare that all information submitted with this Application to be true and accurate to the best of my knowledge and that field inspections will take precedence over submitted plans. Applicant assumes responsibility of all work being performed under this permit.

Signature: _____ Date: _____

Commercial

No. Stories: _____ Square feet- each story: _____ Total square feet: _____ Occupancy Group _____, IBC Chapter 3

Residential

#.Stories: _____ Square feet: first _____ second _____ Basement _____ Occupancy Group/Building Code: R-1,IBC [] R-2,IBC [] R-3, IRC []

FEES

Amount: \$ _____ Date: _____ [] Cash Check #: _____ Receipt # _____ Paid by: [] Owner [] Contractor

APPROVALS

Signature of Staff: _____ Date: _____ BZA Date: _____ P&Z Date: _____ BOA Date: _____
Printed Name of Staff: _____