

City of Prairie Village Building Permit Application  
 7700 Mission Rd, Prairie Village KS 66208  
 Phone 913-385-4604 Fax 913-385-4654 E-mail pmann@pvkansas.com

Application # \_\_\_\_\_

Permit # \_\_\_\_\_

Project Address \_\_\_\_\_ Application Date \_\_\_\_\_

Property Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

**CHECK WITH YOUR HOMES ASSOCIATION REGARDING DEED RESTRICTIONS**

<b>Use Code: (circle one)</b>			
ACC accessory structure	FS fire station	SFR single family residence	CHU church
CC country club	MUN municipal facilities	RET commercial retail	DUP duplex
CON condominium	OFF commercial office	APT apartment	POO pool
			PRK park
			REC recreation
			SCH school
<b>Permit Type: (circle one)</b>			
BR Building Residential	MR Mechanical Residential	BC Building Commercial	MC Mechanical Commercial
ER Electrical Residential	FF Footing / Foundation	EC Electrical Commercial	SB Sign / Banner
PR Plumbing Residential	DP Demo / Move	PC Plumbing Commercial	AS Accessory Structure

General Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Customer # \_\_\_\_\_ (OFFICE USE ONLY) Email \_\_\_\_\_

Address \_\_\_\_\_

Electrical Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Customer # \_\_\_\_\_ (OFFICE USE ONLY) Email \_\_\_\_\_

Address \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Customer # \_\_\_\_\_ (OFFICE USE ONLY) Email \_\_\_\_\_

Address \_\_\_\_\_

Mechanical Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Customer # \_\_\_\_\_ (OFFICE USE ONLY) Email \_\_\_\_\_

Address \_\_\_\_\_

**TOTAL VALUE OF ALL WORK INCLUDING LABOR:** \_\_\_\_\_

**DESCRIPTION OF WORK TO BE DONE:**

\_\_\_\_\_

I have read and examined this application and declare my responses to be true and correct. All laws and ordinances governing this work will be followed whether specified herein or not. I understand this permit does not grant authority to violate or cancel any state or local law. I agree to pay a plan review fee even if this application is not approved. I understand that the City may contract with outside consultants for plan reviews and/or inspections associated with this permit. When consultants are utilized, I understand that I am responsible for all City costs incurred by the use of these services. I further understand that these costs will be significantly higher than the City fee schedule, and will be in addition to permit fees. If I am to be charged for these services, the City will make a reasonable attempt to inform me prior to the provision of these services.

Permit Fee \_\_\_\_\_

Applicant's Name (Please Print) \_\_\_\_\_ Plan Review Fee \_\_\_\_\_

Signature of Contractor/Authorized Agent \_\_\_\_\_ Stop Work Fee \_\_\_\_\_

Designated Architect or Engineer of Record \_\_\_\_\_ License Fee \_\_\_\_\_

HOA Notification(OFFICE USE) \_\_\_\_\_ YES N/A TOTAL FEES \_\_\_\_\_

Please complete your payment method below if you are using Visa, MasterCard or Discover, AMEX - email required if not applying in person

Name on Card	Signature
Card Number	Security code on back of card <span style="float: right;">Expiration Date</span>

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL on proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.