

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

Application # _____

Permit # _____

Project Address _____ Application Date _____

Property Owner's Name _____ Phone _____

CHECK WITH YOUR HOMES ASSOCIATION REGARDING DEED RESTRICTIONS

Use Code: (circle one)			
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
Permit Type: (circle one)			
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	Expiration Date

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.