



**BUILDING PERMIT APPLICATION**  
 CITY OF MERRIAM - COMMUNITY DEVELOPMENT DEPARTMENT  
 9001 W. 62<sup>nd</sup> St., Merriam, Kansas 66202-2815  
 Phone: (913)322-5520 Fax: (913)322-5505

**PERMIT NUMBER** \_\_\_\_\_

<b>PROJECT ADDRESS:</b>			
Owner's Name:		Owner's Phone Number:	
Owner's Address:		Suite/Room:	
City/State/Zip:			

<b>GENERAL CONTRACTOR:</b>		Phone Number:	
Address:		City/ State & Zip:	
Johnson County Contractor's License #		Merriam Occupational License #	

<b>ELECTRICAL CONTRACTOR:</b>		Phone Number:	
Address:		City, State & Zip:	
Johnson County Contractor's License #		Merriam Occupational License #	

<b>PLUMBING CONTRACTOR:</b>		Phone Number:	
Address:		City, State & Zip:	
Johnson County Contractor's License #		Merriam Occupational License #	

<b>MECHANICAL CONTRACTOR:</b>		Phone Number:	
Address:		City, State & Zip:	
Johnson County Contractor's License #		Merriam Occupational License #	

<b>FRAMING CONTRACTOR:</b>		Phone Number:	
Address:		City, State & Zip:	
Johnson County Contractor's License #		Merriam Occupational License #	

<b>ROOFING CONTRACTOR:</b>		Phone Number:	
Address:		City, State & Zip:	
Johnson County Contractor's License #		Merriam Occupational License #	
State of Kansas Roofing Registration #			

**VALUATION OF WORK (MATERIAL + LABOR) \$**

**DESCRIPTION OF WORK TO BE DONE:**

***EMAIL OF CONTACT PERSON:***  
 I, the undersigned, hereby certify that I have read and examined this application and declare my responses to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. I understand that this permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction is suspended or abandoned for a period of 180 days at any time after work is commenced.  
 X X

-----  
***SIGNATURE OF OWNER/AUTHORIZED AGENT*** ***PRINT NAME*** ***DATE***

**FOR CITY OFFICE USE BELOW**

<b>SPECIAL CONDITIONS:</b>		<b>TOTAL SQ. FT.:</b>
<b>CONST. TYPE:</b>	<b>USE GROUP/DIV:</b>	<b>USE ZONE:</b>
<b>BUILDING PERMIT FEE \$</b>	<b>PLAN REVIEW FEE \$</b>	<b>TOTAL PERMIT FEE \$</b>
<b>BUILDING OFFICIAL SIGNATURE:</b>		<b>DATE:</b>