



OPERATING PERMIT APPLICATION FORM

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Part I Applicant/Building Information

Applicant's Name (Please Print): _____

Applicant's Address: _____

Contact Person: _____ Telephone: _____

Address of Premises for which Operating Permit is requested: same as above

Other (specify): _____

Current Occupancy Class: _____

Part II Type Operating Permit

An Operating Permit is required to conduct any activity or to use any class of building listed below. **Please indicate the type(s) of Operating Permit(s) requested by checking each applicable box.**

Manufacturing, storing or handling hazardous materials. Identify the materials and quantities and describe the manner in which the materials will be manufactured, stored or handled (attach additional sheets if necessary):

Conducting a hazardous process or activity (including but not limited to, any commercial or industrial operation which produces combustible dust as a byproduct, fruit and crop ripening, and waste handling.

Use of pyrotechnic devices in assembly occupancies.

Use of a building containing one or more areas of public assembly with an occupant load of 100 persons or more. Describe the proposed use (attach additional sheets if necessary):

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Part II (continued)

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- Use of a building whose use or occupancy classification has been determined by the City Of North Kansas City as posing a substantial potential hazard to public safety. Describe the proposed use (attach additional sheets if necessary):

Part III
Premises/Building Information

1. Date of last Inspection of Premises? _____

2. Has a Certificate of Occupancy been issued for the premises?

- YES
- NO

Type: Permanent Temporary

Date of Issuance: _____

3. Date(s) of issuance of previous Certificate(s) of Occupancy? (If any): _____

SIGNATURE OF APPLICANT

I hereby certify that the foregoing information (and all information in attached sheets, if any) is true and complete.

Signature of Applicant or Authorized Representatives Signature

Date

Name (and Title, if applicable of person signing Application (Please print)



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Part IV

To be completed by the City of North Kansas City

Inspection Required YES NO

Inspections Performed YES NO Date of Inspection: _____

Tests or Reports required to verify compliance? YES NO

If YES, have Tests or Reports been received? YES NO

Description:

Application(s) Approved: YES NO

Operating Permit Issued By: _____

Upon signature above, this becomes a permit

Date Operating Permit Issued: _____ Date Operating Permit Expires: _____

Type/Description of Operating Permit: _____

Conditions of Operating Permit (list conditions here AND in the space provided in the Operating Permit):

Additional Comments:

