



# CASS COUNTY, MISSOURI

## Building Codes, Environmental Health, And Zoning Department

30508 S. West Outer Road, Harrisonville, MO 64701

P- (816) 380-8134 F- (816) 380-8130

Last Updated March 15, 2016

### PERMIT APPLICATION AND PLAN REQUIREMENTS FOR GENERATOR FOR RESIDENTIAL USE:

**Please check with the Building Codes office for any changes or revisions to this application packet.**

A completed permit application questionnaire provided as a part of this packet for Residential Generator and specifications that contain detail and are of sufficient clarity to perform a detailed plan review for the proposed project. All information requested on the application questionnaire is required to be answered. It is the applicants' responsibility to provide the following information. The Building Codes Department staff is unable to assist in obtaining the information. All plans will be reviewed under the 2006 International Codes and 2005 NEC as adopted by Cass County. If you have any questions please feel free to ask.

**Applications cannot and will not be accepted via mail, electronically or by machine. Completed application and all associated information must be made at the Cass County building codes department by the applicant / permit holder.**

- One Original set of all plans and accompanying information shall be submitted with application and will be retained by the building codes department as a part of the permanent building permit record. .
- Plans will **NOT** be accepted by electronic means.
- Shall provide an installation manual for the generator that is to be installed.
- All equipment shall be UL listed and labeled.
- The right is reserved to require all electrical to be designed and sealed by a Missouri Registered Engineer at our discretion.
- Shall indicate the location of the Generator in reference to all operable and inoperable windows, doors and all other openings to the structure.
- Shall provide an electrical diagram to include all components that are to be installed
- All electrical plans shall include all wire sizes, all grounding information, and locations of all electrical equipment in conjunction with location of panel(s) and service meter.
- Plans shall include a site plan to include the following information;
  - North arrow.
  - Any easements shall be shown with their established dimensions.
  - Show all existing buildings present on parcel of property on which proposed generator is to be installed.
  - Shows planned location of generator and provide setback dimensions between proposed system and all property lines and any structures including the structure in which it will service. For setback requirements please contact the Cass County Zoning Department.

Note: Site Plan is not required to be prepared by a registered surveyor but the plot plan should be clear and detailed enough so that the plan reviewer can determine that all zoning, floodplain, and the building code and other ordinances are to be in compliance with all requirements. A storm water runoff study and detention plan may be required as determined by the Zoning Office.

- All electrical drawings shall include wire sizes, wiring methods to be used and shall meet the requirements of the 2005 NEC.
- A completed Building Permit Application Questionnaire. (See Attached)
- The complete legal description of the property on which the building is to be constructed.

- Application fee in the amount of \$25.00 (exact cash, check or Money Order) is due upon making application for a building permit.
- Work shall not be started until a permit has been issued!
- By being the permit applicant/ permit holder you are taking full responsibility for the building project. The permit applicant/ permit holder will be the point of contact for all issues regarding the project from start to finish.
- Incomplete plans and specifications may not be accepted or if plans are incomplete and require more than one hour of review time additional fees may be assessed at the rate of \$122.00 per hour with a minimum of one-half hour charge being assessed. The information which is being requested in this letter is a part of the building codes department plan review check list and plans which do not contain all requested information may be rejected and a delay in issuance of your building permit may result.

**MINIMUM PERMIT FEE OF \$135.00**

**TABLE 1-B UNIT FEE SCHEDULE**

**NOTE; The following do not include permit-issuing fee.**

<b>1. Power Apparatus</b>	
For motors, generators, transformers, rectifiers, synchronous converters, capacitors, industrial heating, air conditioners and heat pumps, cooking or baking equipment and other apparatus, as follows:	
Rating in horsepower (HP), kilowatts (kW), kilovolt-amperes (kVA) or kilovolt-amperes-reactive (kVAR):	
Up to and including 1, each	\$13.75
Over 1 and not over 10, each	\$36.25
Over 10 and not over 50, each	\$66.25
Over 50 and not over 100, each	\$135.00
Over 100, each	\$195.00
<b>NOTES:</b>	
1. For equipment or appliances having more than one motor, transformer, heater, etc., the sum of the combined ratings may be used.	
2. These fees include all switches, circuit breakers, contactors, thermostats, relays and other directly related control equipment.	

**TABLE 1-D**

**PLUMBING PERMIT FEES**

<b>Unit Fee Schedule</b>	<b>FEE</b>
<b>4. Gas Piping Systems</b>	
For each gas piping system of one to five outlets	\$110.00
For each outlet over five, each	\$6.25



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## Building Codes, Environmental Health, And Zoning Department

30508 S. West Outer Road, Harrisonville, MO 64701  
P- (816) 380-8134 F- (816) 380-8130

Last Updated January 8, 2015

Log No. \_\_\_\_\_  
OFFICE USE ONLY

### GENERATOR BUILDING PERMIT APPLICATION QUESTIONNAIRE

Date of Application: \_\_\_\_\_

Applications cannot and will not be accepted via mail, electronically or by machine.  
Completed application and all associated information must be made at the Cass County Building Codes Department by the applicant / permit holder

#### Property Information

**All information must be complete before making application.**

Project 9-1-1 Address: \_\_\_\_\_ Post Office \_\_\_\_\_

Sec/Twn/Rng \_\_\_\_/\_\_\_\_/\_\_\_\_ Property Area: \_\_\_\_\_ (Acres)

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Note: If Other Than Subdivision Lot, A Complete Description Of Property Shall Be Included With Permit Application.

Property Owner: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner City/State/Zip: \_\_\_\_\_

Fire District: \_\_\_\_\_

Water District: \_\_\_\_\_

School District: \_\_\_\_\_

Fuel Gas Supplier: \_\_\_\_\_ Type: \_\_\_\_\_ (LPG, Natural)

Electrical Utility Supplier: \_\_\_\_\_

Current Electrical Service Rating: \_\_\_\_\_ (Amps) Proposed Electrical Service Rating: \_\_\_\_\_ (Amps)

Generator kilowatts (kW): \_\_\_\_\_

#### Permit Applicant Information

***By filling out the following information you are taking FULL responsibility for this project from Start to Finish!***

Applicant State ID# or TIN #: \_\_\_\_\_ State \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Applicants Position (Owner or Builder): \_\_\_\_\_

Type of Construction (Ground Mount or Roof Mount): \_\_\_\_\_

Valuation Cost (Total Cost of Project): \_\_\_\_\_

## **CONTRACTORS LIST**

All information must be complete before making application.

General Contractor \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Alternate Number \_\_\_\_\_  
E-mail \_\_\_\_\_

Foundation Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Alternate Number \_\_\_\_\_  
E-mail \_\_\_\_\_

Framing Contractor \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Alternate Number \_\_\_\_\_  
E-mail \_\_\_\_\_

Electrical Contractor \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Alternate Number \_\_\_\_\_  
E-mail \_\_\_\_\_

## **DESIGN PROFESSIONALS LIST IF REQUIRED** (Engineers and or Architects)

Design Professional/ Discipline \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Alternate Number \_\_\_\_\_  
E-mail \_\_\_\_\_

Design Professional/ Discipline \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Alternate Number \_\_\_\_\_  
E-mail \_\_\_\_\_