THE CITY OF
HARRISONVILLE
WHERE TRADITION MEETS INNOVATION
300 E. Pearl Street, P.O. Box 367 • Tel: 816-380-8900 • Fax: 816-380-8906 • Harrisonville, MO 64701

CODE MODIFICATION REQUEST

BUILDING/STRUCTURE NAME: _____

BUILDING/STRUCTURE ADDRESS: _____

PERMIT NUMBER (IF APPLICABLE): _____

OWNER'S NAME: _____

TO: City of Harrisonville Building Official

In accordance with the City of Harrisonville Building Code, I wish to apply for a modification to one or more provisions of the code as I feel that the spirit and intent of the Code can be met, and the public health, welfare, and safety are assured. The following articulates my request for your review and action. (NOTE: ATTACH ANY ADDITIONAL INFORMATION NECESSARY)

_____

_____

_____

_____

SUBMITTED BY:
NAME: _____

( ) OWNER ( ) OWNER'S AGENT

ADDRESS: _____

TEL. # _____

CITY, STATE, ZIP: _____

SIGNATURE_____

BUILDING INSPECTOR ACTION RECOMMENDED ( ) APPROVAL ( ) DENIAL

SIGNATURE: _____ DATE: _____
BUILDING INSPECTOR, CITY OF HARRISONVILLE

BUILDING OFFICIAL ( ) APPROVAL ( ) DENIAL

SIGNATURE: _____ DATE: _____
BUILDING OFFICIAL, CITY OF HARRISONVILLE

COMMENTS: _____

_____

_____

ATTACH COPY TO PLANS ON THE JOB SITE