



City Planning and Development

Plans Review Division

414 E 12th Street
Floor 5
Kansas City, Missouri 64106

816-513-1500

Code Modification Request

Building/Structure Name: _____

Address: _____

Plan Number (if applicable): _____

Permit Number (if applicable): _____

Owner's Name: _____

To: The Building Official

In accordance with the Kansas City Building and Rehabilitation Code (KCBRC) 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 KCBRC are observed and public health, welfare, and safety are assured. The attachment(s) articulates my request for your review/action:

Submitted by:

Name: _____ Owner Owner's Agent*

Email Address: _____

Address: _____ Phone: _____

City, State, Zip: _____

Signature: _____ Date: _____

*Owner's Agent is responsible for notifying Owner of code modification requests (CMRs).

Approvals of CMRs or subsequent appeals may be nullified if the Owner's Agent fails to notify the Owner.