



APPLICATION FOR BUILDING PERMIT

THIS SECTION FOR OFFICE USE ONLY:

DATE SUBMITTED: _____ REVIEW BY: _____ PERMIT NO: _____

Type of Project (check all that apply):

<input type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Driveway
<input type="checkbox"/> Demolition	<input type="checkbox"/> Sign	<input type="checkbox"/> Fence	<input type="checkbox"/> Street Cut / Rt-of-Way Excavation	<input type="checkbox"/> Pool / Spa

Property Information

Address No.: _____ Street Name: _____
 Subdivision: _____ Block: _____ Lot: _____

Applicant Information

Applicant: Property Owner Contractor Tenant Other

Applicant Name (print): _____

Company Name (if applicable): _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____ Cell: _____

Property Owner Information

Owner Name or Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell: _____ Email: _____

Contractor Information:

Contractor License #	Type of Contractor	Company Name	Phone
Primary Contractor (must have current city license)			
Sub-Contractors (each must have current city license)			
	Excavating		
	Concrete		
	Framing		
	Plumbing		
	Electrical		
	HVAC		
	Roofing		
	Masonry		
	Siding		
	Painting		
	Drywall		
	Guttering		
	Landscaping		
	Cabinetry		
	Alarm/Communication		

continue on back

****(REQUIRED)** Project Description:** _____

****(REQUIRED)** Total Estimated Value of Work: \$** _____

****(REQUIRED)** CONSTRUCTION TYPE**

New Construction Addition Remodel Repair/Replacement Relocation

Does project involve cutting or excavating in a street? Yes No

Does construction include one or more suspended concrete slabs? Yes No

**** If yes, submit required engineered plan for the suspended concrete slab(s)**

NEW CONSTRUCTION INFORMATION

Size of New Structure: _____ Length: _____ Width

No. of New Dwelling Units: _____

DEMOLITION INFORMATION

(for projects including demolition)

Description of structure to be demolished: _____

Will the property be rebuilt? Yes No Unknown

Spoils Trucked To: _____

SIGN INFORMATION

Sign Type: Permanent Temporary

Sign Style: Freestanding Attached

No. of freestanding signs proposed: _____

No. of existing free-standing signs on lot (incl. banners): _____

No. of attached signs proposed: _____

Sq. footage of each sign: _____ (Attach drawing of each proposed sign face.)

New or expanded free-standing signs over 10' in height require engineered plans.

FENCE INFORMATION

Type of Fence: _____

Height of Fence: _____

Total Length of Fence: _____

Corner Lot: Yes No

Fence Location: Front Yard or Back Yard

Property Pins currently located: YES No

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter area covered by such permit at any reasonable hour to enforce the provisions of the code(s).

SIGNATURE OF APPLICANT

ADDRESS

PHONE NUMBER

Prior to start of new construction the location of utilities and service taps shall be located and physically verified on site per RSMo (Missouri Statute) Section 319.

No electric or water meters for new construction will be set until the utility customer for this location has signed up in the City Collector's Office (1st floor of City Hall) for a utility account for this address.

TEMPORARY ELECTRIC METERS SHALL NOT BE MOVED TO ANOTHER LOCATION!