

**APPLICATION FOR PLAN EXAMINATION
AND BUILDING PERMIT**

App. Date: _____ Type Permit Building Other Is Owner Applicant: Yes No

Property Information

Street Address _____ Apt. _____ Zip _____ Parcel No. _____ Zoning _____

Subdivision _____ Lot Number _____ Parcel Type Residential Industrial
 Commercial Other

Owner Information

First Name _____ Last Name or Business Name _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

INSPECTIONS REQUIRE 24 HOURS ADVANCE NOTICE

Contractors Information

NAME OF CONTRACTOR	STREET ADDRESS	CITY, STATE	PHONE NO.
Last Name, First Name			

Applicant (Not Owner) _____

Architect/Engineer _____

General Contractor _____

Excavation _____

Concrete _____

Carpentry _____

Electrical _____

Plumbing _____

Sewer _____

Mechanical _____

Roofing _____

Masonry _____

Drywall or Lathing _____

Sprinkler _____

Paving _____

Fire Alarm _____

Certification

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 authorized 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT ADDRESS PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO.

Plumbing

Plumbing Work: Yes No

Enter the Number of Fixtures Being Installed, Replaced or Repaired

Tubs/Shower	Drinking Fountains	Back Flow Preventers
Shower Stalls	Floor Drains	Water Pumps
Lavatories	Water Heaters	Roof Openings
Toilets	Water Softeners	Parking Lot Drains
Urinals	Sewage Ejectors	Inside Downspouts
Sinks	Sump Pumps	Swimming Pools
Laundry Tubs	Grease Traps	Standpipes <input type="checkbox"/> Yes <input type="checkbox"/> No (Number Hose Outlets)
Dishwashers	Bidets	Fire Sprinklers <input type="checkbox"/> Yes <input type="checkbox"/> No (Number of Heads)
Garbage Disposals		Lawn Sprinklers <input type="checkbox"/> Yes <input type="checkbox"/> No (Number of Heads)
		Total Number of Fixtures

Public Water Yes No If Yes – Previously on Well Yes No Public Sewer Yes No

Water Service Size _____ IN. Water Meter Size: _____ IN. Average Daily Water Use _____ GPD

Utility Service Revisions: _____

Estimate Start _____ Estimate Finish _____

Mechanical

Mechanical Work: Yes No

Enter Number of New or Replacement Units

Forced Air Furnace	Incinerator	Air Handling Unit
Unit Heater	Boiler	Heat Pump
Gas/Oil Conversion	Coil Unit	Air Cleaner
Space Heater	Window A/C Unit	Kitchen Exhaust Hood
Gravity Furnace	Split System A/C	Hazardous Exhaust System
Solid Fuel Appliance	A/C Compressor	Electric Furnace

Utility Service Revisions: _____

Type of Heating Fuel (Check One) Gas (1) Oil (2) Electric (3) Coal (4) Wood (5) Other (6)

Estimate Start _____ Estimate Finish _____

Other Required

Permit Type: _____

Description of Work: _____

Estimate Start _____ Estimate Finish _____

Please note that there are additional state and federal regulations that apply to demolition and renovation projects regarding inspection for asbestos containing materials, project notification, and proper handling of asbestos containing materials. You should contact the Missouri Department of Natural Resources Air Pollution Control Program at P.O. Box 176, Jefferson City, Missouri 65102, or by phone at 573 751-4817 to obtain more information about these requirements.

*****DO NOT WRITE BELOW THIS LINE*****

Zoning Plan Evaluation

Zoning District _____ Lot Area _____ Lot Coverage (%) _____

Lot Area Per Room _____ Encroachments _____ Off Street Parking Spaces, Required _____

Provided _____ Loading Space _____ Signs, Number _____

Size of Each Sign _____

For Dept Use Only Request Plan No. Assignment (Y/N) _____ Plan No. _____

APPLICATION APPROVED: YES NO (If no, indicate reason below) PERMIT NO. ISSUED: _____

- | | | | |
|--------------------------|----------------------|--------------------------|-----|
| <input type="checkbox"/> | ZONING | <input type="checkbox"/> | YES |
| <input type="checkbox"/> | CONSTRUCTION TYPE | <input type="checkbox"/> | YES |
| <input type="checkbox"/> | INCOMPLETE /RESUBMIT | | |
| <input type="checkbox"/> | OTHER: _____ | | |

FEE COLLECTED: \$ _____ CHECK CHECK NO: _____ CASH

DATE: _____ BY: _____

BY: _____ DATE: _____

Other Department Approvals

Signature

Date

Fire _____

Public Works _____

Zoning Planning _____

Planning Commission _____

Board of Zoning Appeals _____

Project Documents (Drawings & Calculations)

Type Drawings/Report	Submitted	Signed and Sealed	Date	Revision Date
Site Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Soil Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Architectural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Structural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Job Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Structural Connect. Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Structural Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Special Inspection Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Sprinkler Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Sprinkler Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	