

## **BUILDING PERMIT APPLICATION**

DATE:			1				
APPLICANT INFORMA	TION (PLEASE PRINT):						
Applicant: Owne	r Contractor Coth	er		-			
Full Name or Compan	y Name:			_			
Address:	City, State, ZIP:						
Phone #:	Cell:	Fax:	Other:	-			
PROPERTY INFORMAT	FION (PLEASE PRINT):						
Address:	City, State, ZIP:						
Subdivision (IF APPLICA	BLE):	~~~		_			
Block:	Lot:	Lot Size:		_			
	dual Contractor C	Other	10	-			
Mailing Address:		City, State, 2	IP:	-			
Phone #:	Cell:	Fax:	Other:				
120711-7	TION (ALL THAT APPLY):  □Partial Basement  t: □Commercial □R		shed Basement				
Deck	□Pool □Demoli	Attached Garage ition Accessory Buildin tion Portable Storage	g				
ELECTRIC SERVICE:  New Service	Upgrade Service	New Wiring					

## **BUILDING PERMIT INFORMATION**

## REQUIRED BUILDING PLANS

Residential - Please submit two (2) complete sets of the following:

**Commercial** – Please submit three (3) complete sets of the following:

**Note:** Commercial plans are required to be signed and sealed by a State of Missouri Registered Architect and/or a Registered Engineer. Commercial plans also require plumbing, electrical, mechanical and structural plans.

**Site plan**—An outline of the property showing all property lines with dimensions. Also provide building location on property with the dimensions of building footprint and dimensions from building to property line in all directions (including distance from any street or alley adjoining property.)

**Footing and Foundation Plan**—Show footing and foundation of building along with beam and pier location, size and spacing. Show size and layout of Reinforcement Steel.

**Floor Plan**—Label all rooms and include dimensions. Also show window and door locations, kitchen & bath layouts including interconnecting smoke alarms.

Wall Sections—Show typical section from footing through roof and label all materials used and spacing.

Elevations—Show at least a front and right side view of structure being built.

certify I have read and fully understand these conditions.

SIGNATURE OF APPLICANT/AGENT

PRINT NAME: \_

***OFFICE USE ONLY***											
ZONING INFORM	MATION:										
Zoning:	_Front set back:	_ Side setback:		Rear setback: _	Lot size:						
Plan Review Information:											
Use Group:	:	Estimate Cost: \$									
No. of Bedrooms: No. of Bathrooms:											
Structure Size: _	SQ. FT. Length: _	FT.	WIDTH: _	FT.	HEIGHT:	FT.					
CONDITIONS OF PERMIT APPLICATION:											
record and that I happlicable laws of	at I am the owner of record of t have been authorized by the ow this jurisdiction. In addition, if a	ner to make this a permit for the	application work describ	as his/her agent ed in this applica	. I agree to conformation is issued, I cert	to all fy that the					
any reasonable ho	e code official's authorized repr ur to enforce the provisions of par and shall become invalid if the	the code(s) and/	or the ordin	ances of the CITY	OF DESLOGE. The	permit shall					

permit, or if the authorized work is suspended or abandoned for a period of six months after the time of issuing the permit. I

HOME: CELL:

DATE