

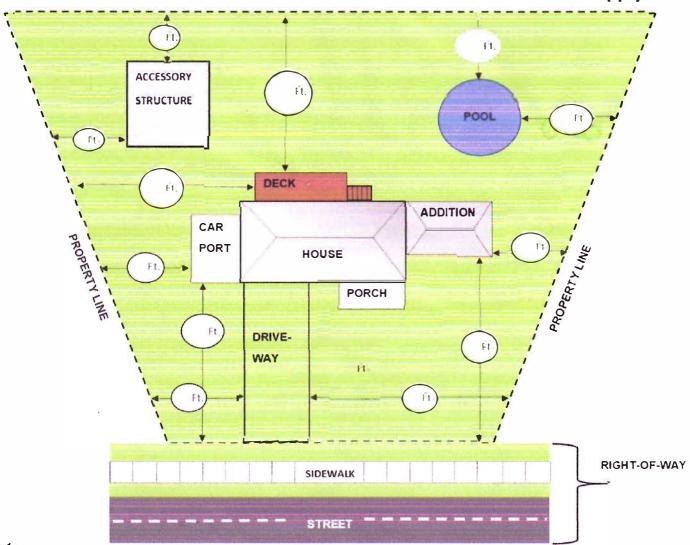
BUILDING PERMIT APPLICATION

Permit #:	
Issue Date:	
Exp Date:	

		PROJECT INFORM	IATION				
Project Address:	Sub / Lot # :						
Scope of Work:							
Permit Type:	New Construction	Roof	Zone:	Sa Fo	otage:		
, , ,	Remodel	Deck		0 4.0	otago:		
	Addition	Fence	Estimated Project Cost:				
	Electrical Sewer	Sign Other	*Provide additional details on Page 2 Site Plan				
					Stalle of Fage 2 ofto Fran		
	C	ONTRACTOR INFO	RMATION				
General Contractor:	Contact:						
*City License #:	Phon	e:	Email:				
Subcontractors:	Name	Phone		Email	*City License #		
Concrete							
**Plumbing							
**Electrical							
Mechanical							
Framing							
Roofing							
Drywall							
* Required for all contractors a	nd subcontractors.			(list any addition	nal subcontractors on page 2)		
** Must be able to provide prod	of of Block Test completion	or Trade License for town o	f similar size.	,	1 3 7		
Owner Name:	Phone:						
Home Address:	Email:						
In the discharge of his/her dua jurisdiction to enforce the prov			•	,	•		
the owner of record and that I applicable laws of this jurisdicti	•	the owner to make the app	olication as his/her a	uthorized agent an	d we agree to conform to all		
Applicant Nar	ne	Applicant	Signature		Date		
FOR CITY USE ONLY							
Signature		Date			Permit Fee		
Required Documents:	Business Licenses		Status: Appro		- W 1 - 4		
	Insurance Certificates Site Plan / Drawings		Denie Paid	e a	Valuation		
	-						
	201 N. State St. Knob No	ster, MO 65336 * Phor	ne: 660-563-2595 Fa	ax: 660-563-5634			

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EXAMPLE SITE PLAN—Provide setback measurements for all that apply.



Notes:

Additional Subcontractors:

Trade

Subcontractor Name

Phone

Email

City License #