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| Christian County building department **BUILDING PERMIT APPLICATION**  1106 W. Jackson St., Ozark, MO 65721  Ph. 417-581-6064 Fax 417-275-6331  <http://www.christiancountymo.gov/codes.html>  **Received by: Date: Permit # Fee: $** | | | | | |
| **Legal Owner Information:** | | |  | | |
| Name: | | | Phone: | | |
| Current Mailing Address: | | | Alt Phone: | | |
| City: | | Zip: | Email: | | |
| **Contractor Information:** | | | | | |
| (Owner is contractor; same information as above) | | | | | |
| Name: | | | Phone: | | |
| Address: | | | Fax: | | |
| City: | | Zip: | Email: | | |
| **Applicant: Owner Contractor** | | | | | |
| If different than owner or contractor: | | | | | |
| Name: | | | Phone: | | |
| Address: | | | | | |
| City: | | | Zip: | | |
| Email: | | | | | |
| **Job Address** (if one exists, if not write “TBD”): | | | | | |
| Street: | | | | City: | Zip: |
| Does proposed structure have 15 feet vertical and horizontal clearance from overhead powerlines? Y / N | | | | | |
| Will proposed structure be placed over fill dirt? Y/ N **\*Please note; may require compaction test** | | | | | |
| **Please provide clear written directions to the job site:** | | | | | |
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|  | | | | | |
| (over) | | | | | |
| **Type of Project:** (Please select **ONE**. One application per project) | | | | | |
| **Residential** | | | | | |
| **Accessory Building**: **Manufactured Home**  Trusses Stick-Frame All Metal Year manufactured: \_\_\_\_\_\_\_\_\_  Plumbing? Y/N # bathroom(s \_\_\_\_  other \_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Deck**: Covered Above 30” from ground  Pole barn side height: \_\_\_\_\_\_\_    **Single Family Dwelling**: **Pool**: Above ground Below ground  Will the home have trusses? Y / N  Will home have gas? Y / N **Solar Panels**: Roof-mounted Ground-mounted  Electrician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Accessory Building with Living Quarters:**  Will the building have trusses? Y / N **Remodel:** Additional bedrooms? #\_\_\_\_\_  Will structure have gas? Y / N  **Demolition** **Miscellaneous**  **Addition:** Additional bedrooms? #**\_\_\_\_**  Project Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Commercial** | | | | | |
| **Commercial**   |  | | --- | | **For Commercial Projects:**  **\***Estimated cost of construction: \_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\***Construction Type: \_\_\_\_\_\_\_\_\_  **\***Use Group: \_\_\_\_\_\_\_\_  \*Sprinkler Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   New Building New Cell Tower Cell Tower Modification  Remodel Sign Tenant Infill  Addition Multi-Family  Project Description:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Individual Trade Permit:** (Circle all that apply) | | | | | |
| Plumbing Electrical Mechanical/HVAC | | | | | |
| **Total Square Foot:** (Includes covered porches, patios, decks, garage, basement) ­­­­­\_\_\_\_\_\_\_\_ | | | | | |
| If Accessory Building with Living Quarters, list *living* area total sq ft: \_\_\_\_\_\_\_\_\_ | | | | | |
| Will home have basement? Y / N If yes, Finished / Unfinished | | | | | |
| Number of Bathrooms: \_\_\_\_\_ | Number of Bedrooms (note: **any** room with a closet, including offices are considered as a bedroom, for septic systems): \_\_\_\_\_\_\_\_\_ | | | | |
| **APPLICANT AGREEMENT** | I hereby certify that I am the owner or the owner’s designated agent, and that all information is correct to the best of my knowledge. I understand that application for a permit is not authorization to begin work. I understand that a valid permit must be procured before work may begin. Please note permit will expire 6 months after last inspection performed. | | | | |
| **SIGNATURE: DATE:** | | | | | |