

CHRISTIAN COUNTY BUILDING DEPARTMENT

BUILDING PERMIT APPLICATION

1106 W. Jackson St., Ozark, MO 65721 Ph. 417-581-6064 Fax 417-581-6054 <u>ccrain@christiancountymo.gov</u>





Received by:	Date:	Permit #	Fee	:: \$		
Legal Owner Ir	nformation:					
Name:			Phone:			
Current Mailing A	ddress:	Alt Phone:				
City:		Zip:	Email:			
Contractor Info	ormation:					
(Owner is contractor; same information as above)						
Name:			Phone:			
Address:			Fax:			
City:		Zip:	Email:			
Applicant:	Owner Con	tractor				
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:						
				(over)		

Type of Project: (Please select ONE. One application per project)							
Residential							
□ Accessory Building: □ Trusses □ Stick-Frame □ Plumbing? Y N # bathroother Pole barn side height:		 □ Manufactured Home Year manufactured: □ Deck: □Covered □Above 30" from ground 					
Addition: Additional bedrooms	I ng Quarters: ? Y N N ? #	Pool: Above ground Below ground Solar Panels: Roof-mounted Ground-mounted Electrician: Additional bedrooms? # Demolition Miscellaneous					
Project Description:							
Commercial							
Commercial New Building New Cell Tow Remodel Sign Addition Multi-Family Project Description:	□Tenant		For Commercial Projects: *Estimated cost of construction:				
Individual Trade Permit: (Circle all that apply)							
Plumbing Electrone		ctrical 🗌] Mechanical/HVAC				
Total Square Foot Under Roof: (Includes covered porches, patios, decks, garage) If Accessory Building with Living Quarters, list <i>living</i> area total sq ft:							
Number of Bathrooms Number of Bed			om with a closet, including offices are				
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:						