



CHRISTIAN COUNTY BUILDING DEPARTMENT

BUILDING PERMIT APPLICATION

1106 W. Jackson St., Ozark, MO 65721

Ph. 417-581-6064 Fax 417-581-6054

ccrain@christiancountymo.gov

<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:

_____ (over)

Type of Project: (Please select **ONE**. One application per project)

Residential

Accessory Building:

Trusses Stick-Frame All Metal
Plumbing? Y/N # bathroom(s) _____
other _____
Pole barn side height: _____

Manufactured Home

Year manufactured: _____

Deck: Covered Above 30" from ground

Single Family Dwelling:

Will the home have trusses? Y / N
Will home have gas? Y / N

Pool: Above ground Below ground

Solar Panels: Roof-mounted Ground-mounted
Electrician: _____

Accessory Building with Living Quarters:

Will the building have trusses? Y / N
Will structure have gas? Y / N

Remodel: Additional bedrooms? # _____

Demolition **Miscellaneous**

Addition: Additional bedrooms? # _____

Project Description: _____

Commercial

Commercial

New Building New Cell Tower Cell Tower Modification
 Remodel Sign Tenant Infill
 Addition Multi-Family

Project Description: _____

For Commercial Projects:

* Estimated cost of construction:
\$ _____
* Construction Type: _____
* Use Group: _____
* Sprinkler Type: _____

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: