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| Christian County building department**BUILDING PERMIT APPLICATION**1106 W. Jackson St., Ozark, MO 65721Ph. 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:** |
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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**

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| **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:** |