



PERMIT APPLICATION

OFFICE USE:

APPLICATION DATE: _____

RECEIVED BY: _____

SITE ADDRESS: _____

THIS PERMIT WILL BE PAID BY:

OWNER

CONTRACTOR

OCCUPANT

NOTE: THIS DETERMINES WHERE THE DEPOSITS ARE RETURNED AFTER ALL REQUIRED INSPECTIONS HAVE BEEN COMPLETED.

CONTACT INFORMATION

PROPERTY OWNER INFORMATION:

NAME _____ PHONE _____ EMAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

OCCUPANT INFORMATION:

NAME _____ PHONE _____ EMAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CONTRACTOR INFORMATION: NOTE: MUST HAVE A VALID CITY OF ROLLA BUSINESS LICENSE

NAME _____ PHONE _____ EMAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PROJECT DETAILS

PROJECT TYPE: **COMMERCIAL** (INCLUDES RESIDENTIAL MULTI-FAMILY) **RESIDENTIAL** (ONE OR TWO FAMILY)

TYPE OF IMPROVEMENT: **NEW BUILDING** **REMODEL/REPAIR** **ADDITION** **DEMOLITION**

GARAGE **CARPORT** **PORTABLE STORAGE BUILDING** **STORAGE BUILDING**

ABOVE GROUND POOL **IN-GROUND POOL** **DECK** **MOBILE HOME**

OTHER: _____

ELECTRICAL SERVICE: **NEW SERVICE** **UPGRADE EXISTING SERVICE**

SIGN: **WALL SIGN** **FREESTANDING**

SYSTEM MODIFICATIONS: **EXCAVATION** **ELECTRICAL** **MECHANICAL** **PLUMBING** **WATER/SEWER**

WORK IN THE RIGHT-OF-WAY: **YES** **NO** **APPLICANT'S VALUATION: \$** _____

CONDITIONS OF PERMIT APPLICATION:

This form must be completed, signed, and accompanied by a site plan when applicable.

All necessary information requested by the Code Official shall be provided to insure for a complete plan review of my proposed project. Approval of construction documents does not release the builder from complying with all codes and ordinances adopted by the City of Rolla. Per Chapter 327, RSMo Plans may require a Missouri-registered Architect and/or Engineers Seal on all plans. Our department must approve all changes from the approved construction documents. **The permit shall be valid for one year and shall become invalid if the authorized work is not commenced within six months after issuance of a permit, or if the authorized work is suspended or abandoned for a period of six months after the time of issuing the permit. Demolition permits are valid for three months and will also become invalid if work is not completed. I certify that I have read and fully understand these conditions.**

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

PERMIT APPLICATION

REQUIRED PLANS:

- **RESIDENTIAL: PLEASE SUBMIT 1 COMPLETE SET OR 1 PDF OF THE FOLLOWING:**
- **COMMERCIAL: PLEASE SUBMIT 1 PDF CONTAINING ALL OF THE FOLLOWING:**

NOTE: COMMERCIAL PLANS ARE REQUIRED TO BE SIGNED AND SEALED BY A STATE OF MISSOURI REGISTERED ARCHITECT AND/OR A REGISTERED ENGINEER. COMMERCIAL PLANS WILL ALSO REQUIRE PLUMBING, ELECTRICAL, MECHANICAL AND STRUCTURAL PLANS.

NOTE: ALL CONTRACTORS MUST HAVE A VALID BUSINESS LICENSE WITHIN THE CITY OF ROLLA BEFORE PERMITS CAN BE ISSUED. TO UPDATE YOUR BUSINESS LICENSE, PLEASE CONTACT THE ROLLA FINANCE DEPARTMENT AT (573) 426-6982.

- SITE PLAN:** AN OUTLINE OF YOUR PROPERTY SHOWING ALL PROPERTY LINES WITH DIMENSIONS. ALSO PROVIDE BUILDING LOCATION ON YOUR PROPERTY WITH DIMENSIONS OF BUILDING FOOTPRINT AND DIMENSIONS FROM BUILDING TO PROPERTY LINE.
- ELECTRICAL & MECHANICAL SPEC. SHEET:** FILL OUT APPLICATION.
- FOOTING AND FOUNDATION PLAN:** SHOWING FOOTING & FOUNDATION OF BUILDING AND ALSO BEAM & PIER LOCATION, SIZE AND SPACING.
- FLOOR PLAN:** LABEL ALL ROOMS AND INCLUDE DIMENSIONS. SHOW WINDOW LOCATIONS, AS WELL AS KITCHEN AND BATH LAYOUT.
- WALL SECTION:** SHOW TYPICAL SECTION FROM FOOTING THROUGH ROOF AND LABEL ALL MATERIALS USED AND SPACING.
- ELEVATION:** SHOW (AT LEAST) A FRONT AND RIGHT SIDE VIEW OF HOME.

OFFICE USE ONLY

ZONING/PLAN REVIEW INFORMATION

ZONING: _____ FRONT SET BACK: _____ REAR SET BACK: _____ RIGHT SET BACK: _____ LEFT SET BACK: _____

NUMBER OF BUILDINGS: _____ NUMBER OF UNITS: _____ ATTACHED _____ DETACHED _____

USE GROUP: _____ TYPE OF CONSTRUCTION: _____ ESTIMATED COST: _____

LIVING SPACE: _____ UF BASEMENT: _____ F BASEMENT: _____ GARAGE: _____ DECK: _____

STRUCTURE: _____ TOTAL: _____

REVIEWED BY: _____ DATE: _____ FLOOD PLAIN: _____

PERMIT TO: _____

PERMIT FEE \$: _____

SEWER CONNECTION & TAPPING FEE \$: _____

SEWER ACCESS FEE \$: _____

EXCAVATION DEPOSIT \$: _____

FINAL DEPOSIT \$: _____

TOTAL FEES \$: _____

DRIVEWAY SEWER LINE