

**BUILDING PERMIT APPLICATION**

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

<b>OFFICE USE ONLY:</b>	Date: _____	Received By: _____	Land Use Review: _____
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1. **SITE ADDRESS:** \_\_\_\_\_

2. **OWNER/OCCUPANT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**CONTRACTOR:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

3. **THIS PERMIT WILL BE PAID BY:**    OWNER                       OCCUPANT                       CONTRACTOR

4. **STRUCTURE CLASSIFICATION:**    COMMERCIAL (INCLUDES MULTI-FAMILY)                       RESIDENTIAL (ONE OR TWO FAMILY)

5. **TYPE OF IMPROVEMENT:**                       NEW BUILDING                       REMODEL/REPAIR/MODIFICATION                       ADDITION

(Please check all that apply)

<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Storage Building	<input type="checkbox"/> In-Ground Pool	<input type="checkbox"/> Deck
<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Portable Storage Building	<input type="checkbox"/> Above Ground Pool	<input type="checkbox"/> Carport

**ELECTRICAL SERVICE:**                       New Service                       Upgrade Existing Service

**SIGN:**                       Wall Sign                       Freestanding                       Projecting                       Roof/Other

**SYSTEM MODIFICATIONS:**                       Electrical                       Mechanical                       Plumbing                       Water/Sewer                       Demolition

**CONDITIONS OF PERMIT APPLICATION:**

6. 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 of Owner or Authorized Agent:	Signature:	Date:
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# BUILDING PERMIT APPLICATION

## 7. REQUIRED PLANS:

- **RESIDENTIAL:** Please submit 2 complete sets of the following:
- **COMMERCIAL:** Please submit 3 complete sets 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.

- 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 INFORMATION

ZONING: \_\_\_\_\_ FRONT SET BACK: \_\_\_\_\_ REAR SET BACK: \_\_\_\_\_ SIDE SET BACK: \_\_\_\_\_

### PLAN REVIEW INFORMATION

NUMBER OF BUILDINGS: \_\_\_\_\_ NUMBER OF UNITS: \_\_\_\_\_ ATTACHED DETACHED

USE GROUP: \_\_\_\_\_ TYPE OF CONSTRUCTION: \_\_\_\_\_ ESTIMATED COST: \_\_\_\_\_

BUILDING/DWELLING SF: \_\_\_\_\_ GARAGE: \_\_\_\_\_ UF BASEMENT: \_\_\_\_\_ F BASEMENT: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ FLOOD PLAIN: \_\_\_\_\_

PERMIT TO: \_\_\_\_\_

PERMIT FEE \$: \_\_\_\_\_

Sewer Connection & Tapping Fee \$: \_\_\_\_\_

Sewer Access Fee \$: \_\_\_\_\_

Excavation Deposit \$: \_\_\_\_\_

Final Deposit \$: \_\_\_\_\_

Driveway  Sewer Line

**Total Fees** \$: \_\_\_\_\_