

TYPE OF CONSTRUCTION:

City of Smithville, Missouri Building Permit Application 2018 International Code – 2017 NEC

/ /

DATE:

Select all that apply: New Residence **New Commercial Building** Addition Addition **Basement Finish** Tenant Finish PROPERTY ADDRESS: PROPERTY OWNER:_____ ADDRESS IF DIFFERENT FROM PROPERTY:_ **CONTRACTOR INFORMATION:** CITY OCCUPATION LICENSE # If you do not have a license, please provide the following information AND complete an Occupation License Application. NAME: **BUSINESS PHONE#** LOCAL CONTACT/CELL# ADDRESS: E-MAIL*: *Permits and invoices only sent via e-mail OR you must pick up at City Hall Project Valuation – do not include lot price in valuation: Name of Construction Plan: Unfinished Ft² Finished Ft² Will the basement be finished? Yes

All projects MUST include a site plan showing buildings and property lines w/dimensions. Projects that include walls or floors (including Decks) must show methods of construction of structural items.

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE E-MAIL PHONE NO.

Notice: The disposal of demolition waste is regulated by the Department of Natural Resources pursuant to chapter 260, RSMo. Such waste, in types and quantities established by the department, shall be taken to a demolition landfill or a sanitary landfill for disposal.

CONTACT INFORMATION				
TENANT/OWNER				
NAMEADDRESSPHONE		C	ONTACT NAME	
ADDRESS		_CITY_	STATE	ZIP
PHONE	FAX		CELL	
E-MAIL				
GENERAL CONTRACTOR/BUIL	DED			
E-MAIL			ONTACT NAME	
NAME_ ADDRESS_ PHONE_			STATE	7IP
DHONE	ΕΛΥ	0111_	STATE	
E-MAIL			CLLL	
L-IVIAIL				
ELECTRICAL CONTRACTOR				
NAME		C	ONTACT NAME	
ADDRESS		CITY	STATE	ZIP
ADDRESS	FAX	•	CELL	
Master Electrician's License #			Issuing Jurisdiction	
E-MAIL				
HVAC CONTRACTOR				
NAME		C	ONTACT NAME	
NAMEADDRESS		_CITY_	STATE	ZIP
PHONE	FAX		CELL	
Master Mechanic's #			Issuing Jurisdiction _	
E-MAIL			-	
PLUMBING CONTRACTOR		_		
NAME		C	ONTACT NAME	
ADDRESS		CITY	STATE	ZIP
PHONE	FAX		CELL	
Master Plumber's License #			Issuing Jurisdiction _	
E-MAIL				
EVEAVATOR/OTHER CONTRA	TOP.			
EXCAVATOR/OTHER CONTRAC				
NAMEADDRESS		U	ONTACTINAIVIE	7ID
PHONE	EAV	CITY_	SIAIE	
			CELL	
E-MAIL				
ENGINEER/ARCHITECT				
NAME		C	ONTACT NAME	
ADDRESS		CITY	STATE	ZIP
PHONE	FAX		CELL	
E-MAIL				
,, .,				