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

TYPE OF CONSTRUCTION: **DATE:** / /

Select all that apply:

New Residence ☐
Addition ☐
Basement Finish ☐

New Commercial Building ☐
Addition ☐
Tenant Finish ☐

PROPERTY ADDRESS: _____

PROPERTY OWNER: _____

ADDRESS IF DIFFERENT FROM PROPERTY: _____

GENERAL CONTRACTOR INFORMATION: CITY OCCUPATION LICENSE # _____
If you do not have a license, please provide the following information AND complete an Occupation License Application.

NAME: _____ ADDRESS: _____ _____	BUSINESS PHONE# _____ LOCAL CONTACT/CELL # _____ 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 Ft^2	Finished Ft^2	Will the basement be finished? ☐ / ☐

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
NAME_____CONTACT NAME_____
ADDRESS_____CITY_____STATE_____ZIP_____
PHONE_____FAX_____CELL _____
E-MAIL _____

ELECTRICAL CONTRACTOR
NAME_____CONTACT NAME_____
ADDRESS_____CITY_____STATE_____ZIP_____
PHONE_____FAX_____CELL _____
Master Electrician's License # _____ Issuing Jurisdiction _____
E-MAIL _____

HVAC CONTRACTOR
NAME_____CONTACT NAME_____
ADDRESS_____CITY_____STATE_____ZIP_____
PHONE_____FAX_____CELL _____
Master Mechanic's # _____ Issuing Jurisdiction _____
E-MAIL _____

PLUMBING CONTRACTOR
NAME_____CONTACT NAME_____
ADDRESS_____CITY_____STATE_____ZIP_____
PHONE_____FAX_____CELL _____
Master Plumber's License # _____ Issuing Jurisdiction _____
E-MAIL _____

EXCAVATOR/OTHER CONTRACTOR
NAME_____CONTACT NAME_____
ADDRESS_____CITY_____STATE_____ZIP_____
PHONE_____FAX_____CELL _____
E-MAIL _____

CONCRETE CONTRACTOR (FOUNDATION)
NAME_____CONTACT NAME_____
ADDRESS_____CITY_____STATE_____ZIP_____
PHONE_____FAX_____CELL _____
E-MAIL _____

CONCRETE CONTRACTOR (OTHER)
NAME_____CONTACT NAME_____
ADDRESS_____CITY_____STATE_____ZIP_____
PHONE_____FAX_____CELL _____
E-MAIL _____