

## 133 Cherokee Road, Four Seasons MO 65049 573-365-3833/ FAX 573-365-5292

 ${\color{red} mac@village of four seasons.com} \\$ 

## **Application for Building Permit**

Permit #	Permit Fee	Date:				
Owners Name:		Phone:				
Physical Addre	ss:					
Mailing Addres	ss:					
General Contra	ctor:	License Nu	umber:			
Point of Contac	et:	Phone:				
Stage Footings/Piers	Name of Subcontractor	•	License Number			
Foundation						
Excavation Slab						
Carpentry Electrical						
Plumbing						
Utilities						
Mechanical						
Roofing						
Insulation						
Drywall						
Septic						
Pool/Spa						
Deck						
FINAL						
work is authorized authorized agent for work descried authorized representations.	hereby certify that I am the owner of reced by the owner of record and that I have and I agree to conform to all applicable I d in this application is issued. I certify the sentative shall have the authority to enter the provisions of the code(s) applicable to	been authorized to laws of this jurisdic at the code official of areas covered by su	make this application as his tion. In addition, if a permit or the code officials			

Signature

Phone Number

<u>Improvement Type:</u>									
New Construct	ion								
Addition									
Alteration									
Repair/Replace	ement								
Demolition									
Relocation									
Foundation On	1137								
Change of Use									
Change of Use	Omy								
Proposed Use									
Structural Frame (Ch	ieck al	l that app	oly)						
Steel									
Masonry	Masonry								
Concrete	Concrete								
Wood									
Other (Identify)									
Exterior Walls (Check	k all th	ıat annlv`	)						
Steel	11 4111 411	at apply	2						
Masonry									
Concrete									
Other (Identify	Wood								
other (identity	,								
Are any structural assemblies fabricated off-site? YesNo									
Street Frontage (Ft)	Street Frontage (Ft) # Stories Lot Area (SqFt)								
Front Setback (Ft)			# Bed Rooms			Building Area (SqFt)			
Rear Setback (Ft)				Parkin	Parking Area (SqFt)				
Left Setback (Ft)				_	Living Area (SqFt)				
Right Setback (Ft)	# Garage			Basem	Basement Area (SqFt)				
Height Above Grade (I	# Windows			Garage Area (SqFt)					
# New Residential Uni	# Fireplaces			Office	Offices/Sales (SqFt)				
# Existing Residential	#Enclosed Parking S			Servic	Service (SqFt)				
#Elevators/Escalators			# Outside Parking			Manufacturing (SqFt)			
Est. Start Date							Est. Building Value \$		
Electrical Permit Application       Electrical Work Yes       No									
Total Service									
# of Circuits					4 Wire	•			
#of Service Outlets		110V_		20V					
Power Devices	NO	Outpu	ıt/Load		Power Devi	ces	NO	Output/Load	
							-		
-	-						-		
							-		
-									
							-		
-	-								
Total Number of Motor									
Utility Service Revision	ns								
Est. Start DateEst. Finish DateEst. Electrical Work Value \$									

Plumbing Permit Application Plumbing Work Yes No									
Enter the Number of Eintunes hains Installed Dealered on Descined									
Enter the Number of Fixtures being Installed, Replaced or Repaired  Tubs/Showers Drinking Fountains Back Flow Preventers									
Shower Stalls	Floor Drains		Water Pumps						
Lavatories	Water Heaters		Roof Openings						
Toilets	Water Softeners		Parking Lot Drains						
Urinals	Sewage Ejectors		Inside Downspouts						
Sinks	~ ~		Swimming Pools						
Laundry Tubs	Grease Traps		Dishwasher						
Sand Pipes (Y/N)	Fire Sprinkler's (Y/N)		Lawn Sprinklers (Y/N)						
# Hose Outlets	# of Heads		#of Heads						
Total Fixtures									
Public Water (Y/N)									
Water Services Size (Inches) Water Meter Size (Inches)									
Avg. Daily Water Use (GPD)	Utility	Service Revision	ns						
Est. Start Date	Est. Finish Date	Est. Plu	umbing Work Value \$						
M	·	Mariania 1 W							
Mechanical Permit Applicat	<u>ion</u>	Mechanical Wo	ork YesNo						
	Enter Number of New or	Replacement Ur	nits						
Forced Air Furnace	Incinerator		Air Handling Unit						
Unit Heater	Boiler		Heat Pump						
Gas/Oil Conversion	Coil Unit		Air Cleaner						
Space Heater	Window AC Unit		Kitchen Exhaust Hood						
Gravity Furnace	Split System AC		Kitchen Exhaust Hood						
Solid Fuel Appliance	AC Compressor		Electric Furnace						
Utility Service Revisions									
Type of Heating Fuel: Gas	Oil Flectric	Coal	Wood Other						
Type of Heating Fuel: Gas	Fet Finish Date	_Coai Fet Me	echanical Work Value \$						
Est. Start Date	Est. I mish Date	Lst. Wit	cenamear work value φ						
Other Required Permit App	<u>lication(s)</u>								
Darmit Typa									
Permit Type: Description of Work									
Description of work									
Est. Start Date	Est. Finish Date	Est. Va	lue \$						
Permit Type:									
Description of Work									
	E . E' 11 D	<b>T</b> . **	1						
Est. Start Date	Est. Finish Date	Est. Va	lue \$						