



133 Cherokee Road, Four Seasons MO 65049
573-365-3833/ FAX 573-365-5292
mac@villageoffourseasons.com

Application for Building Permit

Permit # _____ Permit Fee _____ Date: _____

Owners Name: _____ Phone: _____

Physical Address: _____

Mailing Address: _____

General Contractor: _____ License Number: _____

Point of Contact: _____ Phone: _____

Stage	Name of Subcontractor	License Number
Footings/Piers		
Foundation		
Excavation		
Slab		
Carpentry		
Electrical		
Plumbing		
Utilities		
Mechanical		
Roofing		
Insulation		
Drywall		
Septic		
Pool/Spa		
Deck		
FINAL		

Certification: 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 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 officials 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 _____ Phone Number _____

Improvement Type:

- New Construction
- Addition
- Alteration
- Repair/Replacement
- Demolition
- Relocation
- Foundation Only
- Change of Use Only

Proposed Use _____

Structural Frame (Check all that apply)

- Steel
- Masonry
- Concrete
- Wood
- Other (Identify)

Exterior Walls (Check all that apply)

- Steel
- Masonry
- Concrete
- Wood
- Other (Identify)

Are any structural assemblies fabricated off-site? Yes _____ No _____

Street Frontage (Ft)	# Stories	Lot Area (SqFt)
Front Setback (Ft)	# Bed Rooms	Building Area (SqFt)
Rear Setback (Ft)	# Full Baths	Parking Area (SqFt)
Left Setback (Ft)	# Partial Baths	Living Area (SqFt)
Right Setback (Ft)	# Garage	Basement Area (SqFt)
Height Above Grade (Ft)	# Windows	Garage Area (SqFt)
# New Residential Units	# Fireplaces	Offices/Sales (SqFt)
# Existing Residential Units	# Enclosed Parking	Service (SqFt)
# Elevators/Escalators	# Outside Parking	Manufacturing (SqFt)
Est. Start Date	Est. Finish Date	Est. Building Value \$

Electrical Permit Application			Electrical Work Yes _____ No _____		
Total Service _____ AMPS					
# of Circuits _____			2 Wire _____ 3 Wire _____ 4 Wire _____		
# of Service Outlets _____			110V _____ 220V _____		
Power Devices	NO	Output/Load	Power Devices	NO	Output/Load
Total Number of Motors _____					
Utility Service Revisions _____					
Est. Start Date _____		Est. Finish Date _____		Est. Electrical Work Value \$ _____	

