



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 _____