



APPLICATION FOR NEW HOME PERMIT

Village of Four Seasons
133 Cherokee Road
Four Seasons, MO 65049
Phone: 573-365-3833

Permit No: _____

SITE / PROPERTY INFORMATION			
App. Date:	Street Address:		
Type of Construction:			
Permit Fee:	Start Date:	Est. Construction Cost:	
HOMEOWNER(S) INFORMATION			
Name:		Address:	
City:	State:	Zip:	Phone #: ()
Email Address:			
GENERAL CONTRACTOR INFORMATION			
Company Name:		Address:	
City:	State:	Zip:	Phone #: ()
Point of Contact:			License #

STAGE	NAME OF SUBCONTRACTORS	LICENSE #
Footings / Piers		
Foundation		
Excavation		
Slab		
Carpentry		
Electrical		
Plumbing		
Utilities		
Mechanical		
Roofing		
Insulation		
Drywall		
Septic		
Pool / Spa		
Deck		
FINAL		

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/her authorized agent 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 for the Code Official's authorized representative shall have the authority to enter areas covered by such permit at any responsible hour to enforce the provisions of the code(s) applicable to such permit. I also understand that I, along with all parties involved, are responsible for assuring that all necessary inspections are scheduled in accordance with the Building Code requirements of the Village of Four Seasons. Failure to meet these requirements may result in a stop work order and assessment penalty fees or fines as outlined in the regulations and ordinances of the Village of Four Seasons.

Signature of Applicant

Address

Phone#

Date

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 \$ _____	

