



## APPLICATION FOR BUILDING 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 \$

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

<b>Plumbing Permit Application</b>		Plumbing Work Yes _____ No _____
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	Sump Pumps	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) _____	Public Sewer (Y/N) _____	
Water Services Size (Inches) _____	Water Meter Size (Inches) _____	
Avg. Daily Water Use (GPD) _____	Utility Service Revisions _____	
Est. Start Date _____	Est. Finish Date _____	Est. Plumbing Work Value \$ _____

<b>Mechanical Permit Application</b>		Mechanical Work Yes _____ No _____
Enter Number of New or Replacement Units		
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 _____ Electric _____ Coal _____ Wood _____ Other _____		
Est. Start Date _____	Est. Finish Date _____	Est. Mechanical Work Value \$ _____

<b>Other Required Permit Application(s)</b>		
Permit Type: _____		
Description of Work		
Est. Start Date _____ Est. Finish Date _____ Est. Value \$ _____		
Permit Type: _____		
Description of Work		
Est. Start Date _____ Est. Finish Date _____ Est. Value \$ _____		