

APPLICATION FOR REMODELING PERMIT & CERTIFICATION OF OCCUPANCY

Boone County, Missouri

Information needed for remodeling: *

Fee \$ _____

Permit # _____

Date ____/____/____

***Estimated cost**

of Construction \$ _____

Health Public

Dept.: _____ Works# _____

***Property**

Owner:

Last Name/First Name Address City State Zip Daytime Phone/Mobile

***Contractor:**

Last Name/First Name Address City State Zip Daytime Phone/Mobile

NOTE: Please provide a copy of a recorded Deed for proof of ownership and a survey if applicable

Please provide a survey/sketch plan with proposed location of building.

***Type of Construction** _____ **Use of Building** _____ # of Dwelling Units _____

Number of feet from property lines: Front _____ Sides _____/_____ Rear _____

Structures presently on site _____ Size of property _____ x _____ = _____ Sq. Ft./Acres

Basement Square footage _____ = _____

1st Floor Square footage _____ = _____

2nd Floor Square footage _____ = _____

Other _____ = _____

Garage attached/detached _____ = _____

Pole Barn/Shed _____ = _____

Deck/Porch/Etc. _____ = _____

Height of building of peak: _____

TOTAL SQ. FT: _____

***Number bedrooms** _____ ***bathrooms** _____

DRIVEWAY TYPE: (_____) driveway with (_____) road

***Type of foundation:** _____ BASEMENT _____ CRAWL SPACE _____ SLAB WITH FOOTINGS _____

_____ WOOD _____ POLE _____ PIER HOLES _____

Type of Waste Water System: _____ LAGOON _____ SEPTIC SYSTEM _____ CENTRAL SYSTEM _____

_____ OTHER/BOR APPROVED _____ EXISTING (REPORT TO H.D. _____)

FOR OFFICE USE ONLY:

Zoning _____ Parcel# _____ - _____ - _____ - _____ - _____

S-T-R _____ - _____ - _____ Off-street parking spaces required _____

***Subdivision** _____ *** Lot** _____ Block _____

Floodplain panel 290034 _____ Flood Plain Dev. Permit Req. _____ Permit# _____

***911#** _____ Sinkhole area _____ Engineer _____

***Directions to site:** _____

Comments: _____

Approved by: _____ Date: _____/_____/_____

*** Will this structure be used for commercial/business purposes? _____ yes _____ no**

if yes, please explain:

_____ Initial _____

I hereby certify that I have read and examined this application and know the same to be true and correct, and to comply with all County Ordinances and State Laws regulating building construction.

I understand that this *permit shall become null and void if construction does not begin within six (6) months of the date that the permit is issued; or if construction stops for more than six (6) months.*

I understand that a **minimum notice of one-half day** is required for inspections unless otherwise stated by this office, and that **no work may proceed until an inspector has approved the inspection that has been requested.**

I understand that a **CERTIFICATE OF OCCUPANCY** is required prior to occupancy of this structure and that, **no structure shall be occupied until a Final Inspection has been requested, the Final Inspection has been performed and a CERTIFICATE OF OCCUPANCY has been issued.**

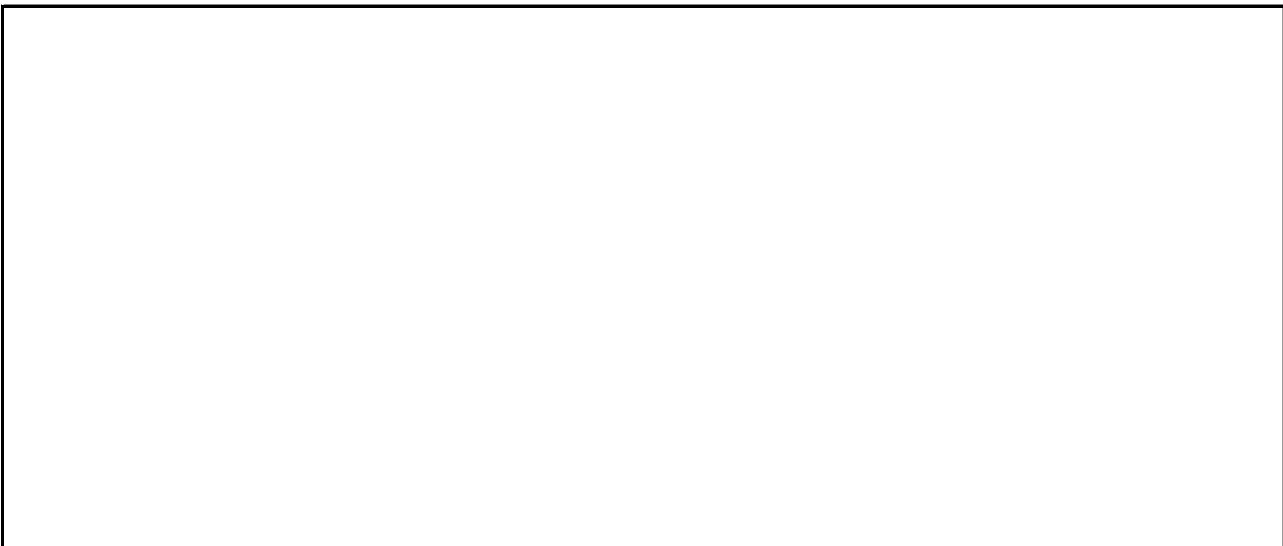
Applicant's Signature _____ Date ____/____/____

PLOT PLAN

(Completed by applicant)

1. Please show and label streets/roads and indicate location of driveway.
2. Please show the location and dimensions of the proposed building in relation to lot lines.
3. Indicate location of wastewater treatment in relation to structure and lot lines.
4. Indicate and label all existing structures on property.
5. For additions, indicate existing structure and location of addition.

REAR PROPERTY LINE



FRONT (STREET FRONTAGE)