

APPLICATION FOR COMMERCIAL BUILDING PERMIT & CERTIFICATE OF OCCUPANCY

Boone County, Missouri

Fee \$ _____

Plan review will not begin until
plan review fee and completed
application are received.

OFFICE USE ONLY	
Permit _____	
Date _____ / _____ / _____	
Health _____	Public _____
Dept: _____	Works # _____

*Estimated cost of Construction \$ _____

*Indicates required information

*Property Owner: _____
 Last Name/First Name Address City State Zip Daytime Phone/Mobile Phone

*Contractor: _____
 Last Name/First Name Address City State Zip Daytime Phone/Mobile Phone

*Engineer/Architect _____
 Last Name/First Name or Company Address City State Zip Phone

*Contact Email Address: _____
 (Who we will contact regarding plan review process)

**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.**

*Use of Building _____	Type of Construction _____	Use Group _____
Number of Feet From Property Lines: Front _____ Sides _____ / _____ Rear _____		
Structures presently on site _____ Size of property _____ x _____ = _____ Sq.Ft./Acres		

Location of Project: _____

	<u>FINISHED</u>	<u>UNFINISHED</u>	
Basement Square footage	_____	_____	= _____
1st Floor Square footage	_____	_____	= _____
2nd Floor Square footage	_____	_____	= _____
Other	_____	_____	= _____

Height of building to peak _____

TOTAL SQ.FT: _____

Number bedrooms _____ bathrooms _____

DRIVEWAY TYPE (IF NEW): _____ Name of road new drive connects to: _____

Type of foundation: <input type="checkbox"/> BASEMENT <input type="checkbox"/> CRAWL SPACE <input type="checkbox"/> SLAB WITH FOOTINGS <input type="checkbox"/> POLE <input type="checkbox"/> PIER HOLES
Type of Waste Water System: <input type="checkbox"/> LAGOON <input type="checkbox"/> SEPTIC SYSTEM <input type="checkbox"/> EXISTING <input type="checkbox"/> OTHER/BOR APPROVED
<input type="checkbox"/> CENTRAL SYSTEM (SPECIFY) _____

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

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

Subdivision _____ Lot _____ Block _____

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

*911 Address of Work _____ Sinkhole area _____ Engineer _____

*Directions to site: _____

Comments: _____

Approved by: _____ Date: _____ / _____ / _____

*Total square feet of disturbed area: _____ / 43560 = _____ ACRES

Include ALL area that will be disturbed at the site (ie: areas for homes, outbuildings, wastewater systems, lakes, ponds, property clearing/leveling/fill, driveways, etc)

*Does this location have an active land disturbance or discharge permit? Yes, Permit # _____; No

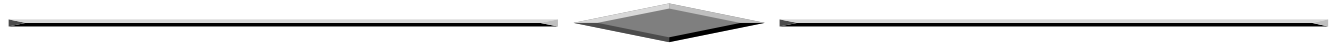
Please indicate any of the following sensitive areas located on the property:

Sinkhole* Flood Plain Stream Buffer Other _____

*3000 ft

*Will there be any stream crossings or stream disturbance? YES NO

Comments: _____



Estimated start date: ____/____/____ **Estimated completion date:** ____/____/____

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 24 hours** is required for inspections unless otherwise stated by this office, and that no work may proceed until an inspector has performed 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.

- \$300 Plan review fee enclosed 3 sets of plans enclosed 1 digital copy of plans enclosed
- Fire Marshal plan review fee enclosed

*Applicant's Signature

*Date _____

*Printed Name

Company