

133 Cherokee Road, Four Seasons MO 65049 573-365-3833/ FAX 573-365-5292

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Application for Building Permit

Permit #	Permit Fee	Date:				
Owners Name:		Phone:				
Physical Addre	ss:					
Mailing Addres	38:					
General Contra	ctor:	License Nu	umber:			
Point of Contac	et:	Phone:				
Stage	Name of Subcontrac	tor	License Number			
Stage Footings/Piers		tor	License Number			
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 pr	operty, or that the proposed			
authorized agent	ed by the owner of record and that I had and I agree to conform to all applicable.	ole laws of this jurisdict	tion. In addition, if a permit			
	d in this application is issued. I certify sentative shall have the authority to en					
	he provisions of the code(s) applicable		ien permit at any reasonable			
Signature		Phone Num	ber			

Improvement Type:									
New Construct	ion								
Addition									
Alteration									
Repair/Replace	ement								
Demolition									
Relocation									
Foundation On	ıly								
Change of Use									
Proposed Use									
Structural Frame (Ch	ieck al	l that app	oly)						
Steel									
Masonry									
Concrete									
Wood									
Other (Identify	·)								
Exterior Walls (Check	k all th	at apply	<u>)</u>						
Steel									
Masonry									
Concrete									
Wood									
Other (Identify	')								
Are any structural as	<u>sembli</u>	es fabrica	ated off-sit	<u>te?</u>	Yes	_No			
Street Frontage (Ft)						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. B	Est. Building Value \$		
Electrical Permit App				Electric	cal Work Yes		No_		
Total Service									
# of Circuits					4 Wire	2			
#of Service Outlets		110V_		220V					
Power Devices	NO	Outpu	ıt/Load		Power Devi	ces	NO	Output/Load	
	-								
	-								
T 1 1 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1									
Total Number of Motors									
Utility Service Revisio	ns								
Est Start Data		Eat E	nish Date_		Eat D	lootmics1	Worle	Voluo ¢	
Est. Start Date		ESt. Fl	msn Date		ESI. E.	lectrical	VV OTK	v alue o	

Plumbing Permit Application Plumbing Work Yes No								
Enter the Number of Eintunes hains Installed Dealered on Densined								
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	~ ~		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)_								
Avg. Daily Water Use (GPD)	Utility	Service Revision	1S					
Est. Start Date	Est. Finish Date	Est. Plu	umbing Work Value \$					
			<u> </u>					
Mk: D	•	M11 XX						
Mechanical Permit Applicat	<u> </u>	Mechanical Wo	ork YesNo					
	Enter Number of New or	Replacement Un	nits					
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 Eyel: Cos	Oil Floatria	Coal	Wood Other					
Type of Heating Fuel: Gas_	Est Finish Data	_Coai	echanical Work Value \$					
Est. Start Date	Est. Fillish Date	Est. IVIC	cenamear work value \$					
Other Required Permit App	lication(s)							
D : T								
Description of Work								
Est. Start Date	Est Finish Date	Fst Va	lue \$					
Est. Start Date	Lst. I mish Date	Est. va	πιο ψ					
Permit Type:								
Description of Work								
2 total paron of 11 of K								
Est. Start Date	Est. Finish Date	Est. Va	lue \$					