

Applicant (Owner, Contractor, Representative) is responsible for contacting the Inspection Dept. for any/all inspections.
 FINAL INSPECTION IS MANDATORY WITHIN 30 DAYS OF JOB COMPLETION OR BUILDING PERMIT EXPIRATION.



**VILLAGE OF
 FOUR SEASONS**

133 Cherokee Road, Four Seasons MO 65049

Permit # _____ Permit Fee \$ _____

**APPLICATION FOR PLAN EXAMINATION
 AND BUILDING PERMIT**

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work, complete also Part 8. For other permits, complete also Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto. Parts 11-18 (Pages 5 and 6) are for department use only.

App. Date ____/____/____	Type Permit <input type="checkbox"/> Building (B)	<input type="checkbox"/> Electrical (E)	<input type="checkbox"/> Plumbing (P)	<input type="checkbox"/> Mechanical (M)	<input type="checkbox"/> Other (O) (See item 9)	Is Owner Applicant (Y/N)
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1. PROPERTY INFORMATION

Street Address	Apt.	Zip	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type <input type="checkbox"/> Residential (R) <input type="checkbox"/> Commercial (C)	<input type="checkbox"/> Industrial (I)	<input type="checkbox"/> Other (O)

2. OWNER INFORMATION

First Name	Last name or Business Name	Phone
Street Address	City	State Zip

3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR <small>LAST NAME, FIRST NAME</small>	ST. ADDRESS	CITY, ST.	LICENSE NO.
Footings				
Piers				
Foundation				
Excavation				
Slab				
Carpentry				
Electrical				
Plumbing				
Utilities				
Mechanical				
Roofing				
Insulation				
Drywall				
Septic				
Pool /Spa				
Deck				
FINAL				

4. CERTIFICATION

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 authorized agent and I agree 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 or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT _____ ADDRESS _____ PHONE NO. _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE NO. _____

No.

Street