

APPLICATION FOR COMMERCIAL BUILDING PERMIT & CERTIFICATE OF OCCUPANCY

Boone County, Missouri

Fee \$ _____

Estimated cost of Construction \$ _____

Permit # _____

Date _____ / _____ / _____
 Health Public
 Dept: _____ Works # _____

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

Email Address: _____

**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

Location of Project: _____

	<u>FINISHED</u>	<u>UNFINISHED</u>	
Basement Square footage	_____	_____	= _____
1st Floor Square footage	_____	_____	= _____
2nd Floor Square footage	_____	_____	= _____
Other	_____	_____	= _____
TOTAL SQ.FT:			_____

Height of building to peak

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: _____ / _____ / _____

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)

Please circle 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.

Applicant's Signature _____ Date ____/____/____

Company _____ Address _____