

APPLICATION FOR ELECTRIC OR GAS SERVICE ONLY

Fee \$ _____

Boone County

INCOMPLETE FORMS
WILL BE RETURNED

OFFICE USE ONLY
Permit _____
Date ____/____/____
[Redacted]

Estimated cost
of Construction \$ _____

Property

Owner: _____

Last Name/First Name Address City State Zip Daytime Phone

Contractor: _____

Last Name/First Name Address City State Zip Daytime 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.**

IF MORE THAN JUST GAS OR ELECTRICAL WORK A FULL REMODEL PERMIT WILL BE REQUIRED

Type of Construction, CHOOSE ONE: _____ Use of Building _____

of Dwelling Units _____ Size of property: _____ Acres

EXPLAIN WHAT TYPE OF WORK IS BEING DONE (IE: UPGRADE TO ELECTRIC PANEL, OVERHEAD TO UNDERGROUND SERVICE, UPGRADE GAS LINE, ETC). ALSO, INDICATE WHICH BUILDING THE ELECTRIC OR GAS METER SERVES:

Road Driveway Connects To: _____
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 _____
Directions to site: _____

Comments: _____
Approved by: _____ Date: ____/____/____

Will this structure be used for commercial/business purposes? YES NO
If yes, please explain:

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 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.**

Applicant's Signature _____ Date ____/____/____

Print Name _____

Print form, sign and email to:
resmgt@boonecountymo.org
DO NOT EMAIL TO
INDIVIDUAL EMPLOYEES

PLOT PLAN
(Completed by applicant)

1. Please show and label streets/roads and indicate location of driveway.
2. Please show the location of the meter or electric pole.
3. Indicate and label all existing structures on property.
Instead of this drawing you may submit a copy of the aerial photograph with the above information drawn in

REAR PROPERTY LINE



FRONT (STREET FRONTAGE)