

APPLICATION FOR REMODEL / RE-ROOF (*NO NEW SQUARE FOOTAGE)

Boone County
INCOMPLETE FORMS
WILL BE RETURNED

OFFICE USE ONLY
Permit
Date
Health Public
Dept: Works #

Fee \$

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 showing location of building.

*IF ADDING SQUARE FOOTAGE, USE THE COMPLETE BUILDING PERMIT APPLICATION

Type of Construction, CHOOSE ONE: Use of Building

Structures presently on site (type) Size of property Acres

Number of NEW bedrooms = Total Bedrooms

Number of NEW bathrooms = Total bathrooms

Type of Waste Water System: LAGOON SEPTIC SYSTEM CENTRAL SYSTEM EXISTING (Specify)

Explain scope of remodel work: (ie: remodel living room, remodel bathroom, etc):

Road Driveway Connects To:

Zoning Parcel #

S-T-R

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

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 check 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: _____



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.**

I understand that smoke detectors and carbon monoxide detectors may need to be upgraded to meet current code.

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 ____/____/____

Print Name _____

Print form, sign and email application to:
resmgt@boonecountymo.org

DO NOT EMAIL TO INDIVIDUAL EMPLOYEES

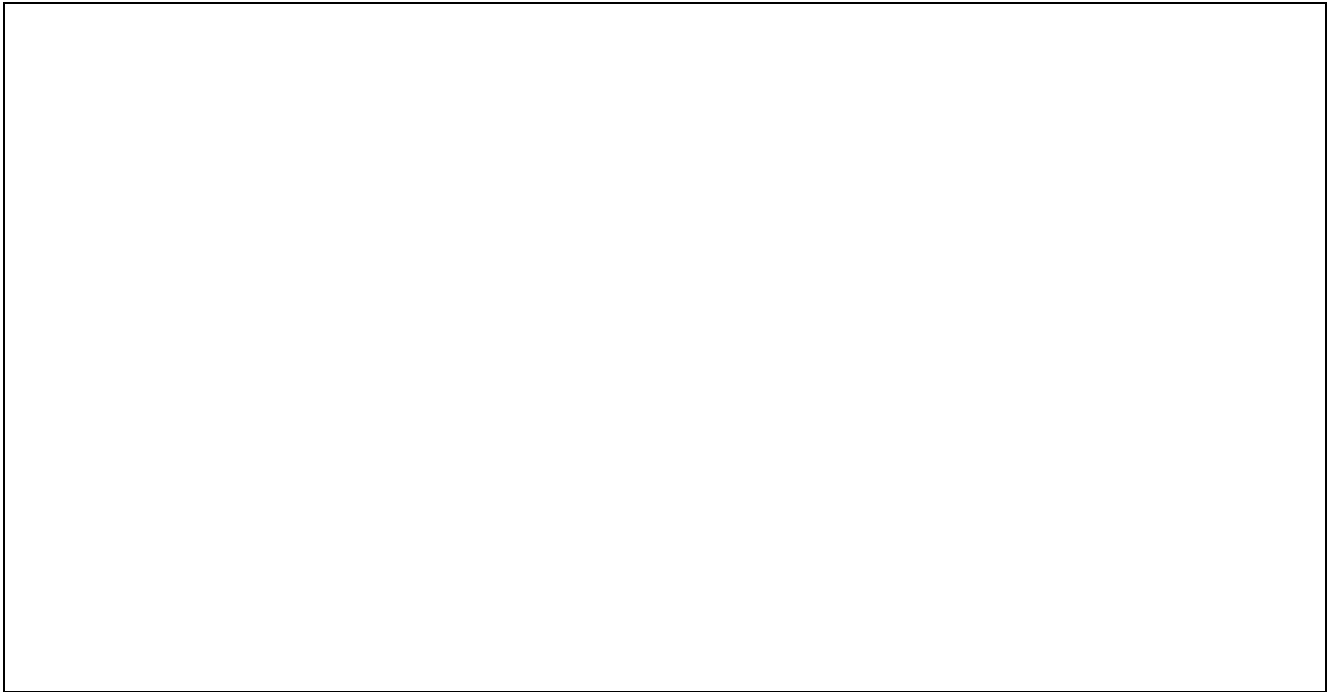
PLOT PLAN

(Completed by applicant)

1. Please show and label streets/roads and indicate location of driveway.
2. Indicate location of wastewater treatment in relation to structure and lot lines.
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)