

APPLICATION FOR BUILDING PERMIT & CERTIFICATE OF OCCUPANCY

Boone County

Fee \$ _____

Estimated cost
of Construction \$ _____

| | |
|----------------------------|----------------------|
| OFFICE USE ONLY | |
| Permit _____ | |
| Date _____ / _____ / _____ | |
| Health Dept: _____ | Public Works # _____ |

*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.**

| | | |
|---|------------------------|---------------------------|
| EACH SEPARATE BUILDING REQUIRES A SEPARATE PERMIT APPLICATION (IE: HOUSE AND DETACHED GARAGE) | | |
| *Type of Construction _____ | *Use of Building _____ | # of Dwelling Units _____ |
| Number of Feet From Property Lines: Front _____ Sides _____ / _____ Rear _____ | | |
| Structures presently on site (type) _____ Size of property _____ x _____ = _____ Sq.Ft./Acres | | |

| | <u>FINISHED</u> | <u>UNFINISHED</u> | <u>Sq. Ft.</u> |
|---------------------------------------|-----------------|-------------------|----------------|
| Basement Square footage | _____ | _____ | = _____ |
| 1st Floor Square footage | _____ | _____ | = _____ |
| 2nd Floor Square footage | _____ | _____ | = _____ |
| Other (specify): | _____ | _____ | = _____ |
| Shop/Garage(choose one) | _____ | _____ | = _____ |
| Pole Barn/Shed | _____ | _____ | = _____ |
| Deck/ Porch/ Etc. | _____ | _____ | = _____ |
| Number bedrooms _____ bathrooms _____ | | | |

| |
|--|
| Height of building to peak _____ |
|--|

TOTAL SQ.FT: _____

DRIVEWAY TYPE Choose One: _____ NEW EXISTING

| |
|---|
| Type of foundation: <input type="checkbox"/> BASEMENT <input type="checkbox"/> CRAWL SPACE <input type="checkbox"/> SLAB WITH FOOTINGS <input type="checkbox"/> POLE <input type="checkbox"/> PIERS |
| Type of Waste Water System: <input type="checkbox"/> LAGOON <input type="checkbox"/> SEPTIC SYSTEM <input type="checkbox"/> CENTRAL SYSTEM <input type="checkbox"/> EXISTING (specify) |

| |
|---|
| *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:

Land disturbance may include the grading, digging, cutting, scraping, or excavating of soil, placement of fill materials, paving, construction, substantial removal of vegetation, or any activity that bares soil or rock or involves the diversion or piping of any natural or man-made watercourse. Below, indicate the total amount of area that will be disturbed. (total square footage disturbed divided by 43560 sq ft = total acres disturbed)

Total square feet of disturbed area: _____ / 43560 sq ft = _____ *ACRES

Include ALL land area that will be disturbed at the site (include 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:

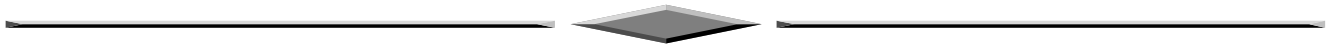
- Sinkhole* Flood Plain Stream Buffer Other
- *3000 ft

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 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 and plot plan 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 and dimensions of the new building in relation to lot lines.
3. Indicate location of wastewater treatment in relation to structure and lot lines.
4. Indicate and label all existing structures on property.
5. For additions, indicate existing structure and location of addition.

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)