

APPLICATION FOR BUILDING PERMIT & CERTIFICATE OF OCCUPANCY

City of Centralia

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

Fee \$ _____

Estimated cost of Construction: \$ _____

 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

**NOTE: Please provide a copy of 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

	FINISHED	x	Con. Factor	/	UNFINISHED	x	Con. Factor	=	Sq.ft.
Basement Square footage	_____		_____		_____		_____	=	_____
1 st Floor Square footage	_____		_____		_____		_____	=	_____
2 nd Floor Square footage	_____		_____		_____		_____	=	_____
Other	_____		_____		_____		_____	=	_____
Garage attached/detached	x		_____		_____		_____	=	_____
Pole Barn/Shed	x		_____		_____		_____	=	_____
Deck/Porch/Etc.	x		_____		_____		_____	=	_____
Number bedrooms _____ bathrooms _____								TOTAL SQ. FT:	= _____

 Height of building to peak _____

Type of foundation:	BASEMENT	CRAWL SPACE	SLAB WITH FOOTINGS
	WOOD	POLE	PIER HOLES
	LAGOON	SEPTIC SYSTEM	CENTRAL SYSTEM
Type of Waste Water 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 _____ Floodplain Dev. Permit Req. _____ Permit # _____
 911 # _____ Sinkhole area _____ Engineer _____
 Directions to Site: _____

 Comments: _____
 Approved by: _____ 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 one-half 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.**

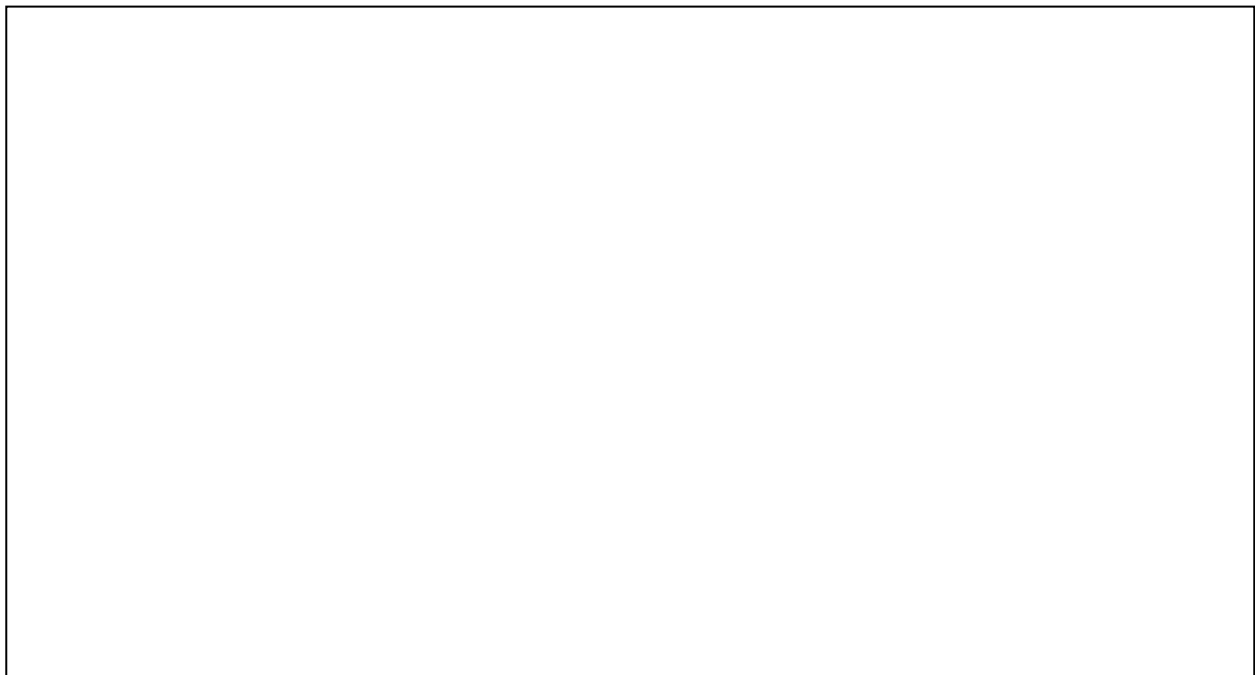
I understand that a CERTIFICATE OF OCCUPANCY is required prior to occupancy of this structure and that, no structure shall be occupied until a Final Inspection has been requested, the Final Inspection has been performed and a CERTIFICATE OF OCCUPANCY has been issued.

Applicant's Signature _____ Date ____/____/____

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 proposed 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.
6. For Buildings NOT connected to existing structure: 1 ft from back property line, 3 ft from side property line, and 10 ft from the other structure.

REAR PROPERTY LINE



FRONT (STREET FRONTAGE)

APPLICATION FOR BUILDING PERMIT & CERTIFICATE OF OCCUPANCY

Boone County, Missouri

Fee \$ 434.03

Estimated cost of Construction \$ 160,000

Example

Permit #	
Date	<u>1/1/02</u>
Health Dept	Public Works #

Property Owner: Doe, John 123 ABC Drive Columbia MO 65202 1555-0000
 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

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	<u>SB</u>	Use of Building	<u>SFD</u>	# of Dwelling Units	<u>1</u>
Number of Feet From Property Lines: Front	<u>93</u>	Sides	<u>17 / 48</u>	Rear	<u>100</u>
Structures presently on site	<u>NONE</u>	Size of property	<u>x</u>	=	<u>2.5</u> - Sq. Feet

	FINISHED	x Con. Factor	UNFINISHED	x Con. Factor	=
Basement Square footage	<u>720</u>	<u>.40</u>	<u>710</u>	<u>.20</u>	<u>1430</u>
1st Floor Square footage	<u>1430</u>	<u>.69</u>	N/A		<u>1430</u>
2nd Floor Square footage	<u>960</u>	<u>.69</u>	N/A		<u>960</u>
Other					
Garage attached/detached	<u>24 x 32</u>	<u>.20</u>			<u>768</u>
Pole Barn/Shed	<u>x</u>				
Deck/ Porch/ Etc.	<u>12 x 12</u>	<u>N/C</u>			<u>144</u>
Number Bedrooms	<u>4</u>	bathrooms	<u>3</u>		
TOTAL SQ.FT:					<u>4732</u>

Height of building to peak
20'

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 A-2 Parcel # 00 - 000 - 00 - 00 - 000 - 00
 S-T-R 12 - 48 - 13 Off-street parking spaces required _____
 Subdivision _____ Lot _____ Block _____
 Floodplain panel 290034 _____ Flood Plain Dev. Permit Req. _____ Permit # _____
 911 # 123 ABC Lane, Columbia, MO 65202 Sinkhole area _____ Engineer _____
 Directions to site: 123 north, west on Forest, north on ABC Lane, 4th drive on left.

Comments: _____
 Approved by: _____ Date: 1/1/02

APPLICANT'S NAME BOB SMITH

I understand that this permit shall become null and void if an inspection is not requested and performed within six (6) months of the date of issue.

I understand that an approved waste water system or connection must be in place before the unit is occupied. I understand that steps with an adequate landing area (min. 3' x 3') are required for Final Occupancy of the unit.

I hereby certify that I have read and examined this application and know the same to be true and correct, and agree to comply with all City and County Ordinances and State Laws regulating placement of this unit. I understand that a minimum notice of 4 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 it is that applicant's responsibility to notify the county building inspection department when such inspections need to be performed, including a Final Occupancy Inspection.

Applicant's Signature, [Signature]

Date 12/12/98

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 proposed building in relation to lot or property lines.
3. Indicate location of waste water treatment or sewer main in relation to structure and lot lines.
4. Indicate and label all existing structures on property.

REAR PROPERTY LINE

Not Connected
1 foot from the Back Property Line
3 foot from the Side Property Line
10 foot from Other Structures

