



City of Strafford, Missouri

COMMERCIAL PLAN REVIEW AND PERMIT APPLICATION

DATE: _____

PERMIT #: _____

SITE ADDRESS: _____ SUITE # _____

PROJECT NAME/DESCRIPTION: _____

CONTACT INFORMATION:

PROPERTY OWNER: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____ PHONE # _____

NAME OF BUSINESS/ TENANT: _____ PHONE # _____

NAME OF DESIGNER OF RECORD: _____

EMAIL ADDRESS: _____ PHONE # _____

MAILING ADDRESS: _____

CONTRACTORS, SUBCONTRACTORS, OR OTHER CONTACTS FOR THIS PROJECT:

NAME: _____ ROLE: _____

EMAIL ADDRESS: _____ PHONE # _____

NAME: _____ ROLE: _____

EMAIL ADDRESS: _____ PHONE # _____

NAME: _____ ROLE: _____

EMAIL ADDRESS: _____ PHONE # _____

I hereby certify that I am the owner or duly authorized agent. I hereby agree to pay any third-party fees associated with this project. I hereby verify that the answers and other information on this application are true and correct and agree to abide by the City's Building Regulations, and by signing this form acknowledge compliance with these rules.

AUTHORIZED AGENT/OWNER SIGNATURE: _____ DATE: _____

PERMIT ISSUANCE APPROVAL BY: _____ DATE: _____

Office Use Only:

Permit Cost: _____

Plan Review: _____

Total Cost: _____