

*City of  
Marionville, Missouri*

## Building Permit Application

107 S. Central St., Marionville, Mo. Phone: 417/258-2466 Fax: 417/258-2609 Permit # \_\_\_\_\_

Project Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot#: \_\_\_\_\_

Owner/Occupant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Building Information (✓ all that apply)

Type of Improvement:  Commercial/Multi-Family/Industrial Manufacturing/Retail \*\*

~ Residential:\*\*\*  Single Family Dwelling  Duplex

New Building  Addition  Remodel/Repair/Renovation/Modification/Alteration

Attached Garage/Carport  Accessory Structure  Deck  Swimming Pool  Other \_\_\_\_\_

Applicable Square Footages				
Living Area _____	Basement finished _____	Basement un-finished _____	Garage _____	Total SF _____

**Description of work:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Construction Value (not including lot) \$ \_\_\_\_\_

*~Was this home built prior 1978? \_\_\_\_\_ If yes, is the Contractor EPA Certified in Lead Safe Renovation, Repair, and Painting? \_\_\_\_\_ Certification # \_\_\_\_\_ ~*

\*\* Commercial: Please submit (3) complete sets of the following (1 in PDF Format): \*\* Residential: Please submit (1) complete set of the following:

- Plot Plan:** An outline of your property showing all property lines with dimensions; to provide a building location on property with dimensions of building footprint & dimensions from building to property lines.
- Footing & Foundation Plan:** Must show footing /foundation of building; including beam & pier location, and size and spacing.
- Wall Section:** Show typical section from footing through roof & label all materials used and spacing.
- Floor Plan:** Label all rooms and include dimensions. Must show window locations; as well as kitchen and bathroom layouts.
- Elevation:** Show at minimum front and right side view of home.

Note: Commercial plans are required to be signed and sealed by a State of Missouri Registered Architect and/or a Registered Engineer. Commercial plans also require plumbing, mechanical, electrical & structural plans.

**Complete back of form also**

## Contractor Information:

**\*\*ALL contractors listed must hold current/active Licenses for the City of Marionville \*\***

General Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_

Mechanical Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_

Gas Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_

## Contact Information:

Addendum Contact: \_\_\_\_\_ Telephone#: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax#: \_\_\_\_\_

Payment Contact: \_\_\_\_\_ Telephone#: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax: \_\_\_\_\_

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions of the applicable ordinances. I further certify that all easements, deed restrictions, or other encumbrances restricting the use of the property are shown on the site plans submitted with this application. I have been given authorization from the property owner to obtain this permit. I realize that the information that I have affirmed hereon forms a basis for the issuance of the permit herein applied for and approval of plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any applicable ordinance or to excuse the owner or his or her successors in title from complying therewith. The permit shall be valid for one (1) year and shall be null and invalid if the authorized work is not commenced within six (6) months after issuance of a permit, or if the authorized work is suspended or abandoned for a period of six (6) months after the time of issuing the permit. I certify I have read and fully understand these conditions.

**X** \_\_\_\_\_

**X** \_\_\_\_\_

Signature of Applicant/Agent

Application Date

I understand that by applying for this permit, I am consenting to the inspection of this property and to the entry onto the property by inspectors of the authority having jurisdiction for the purpose of performing the necessary inspections during normal business hours for the duration of the permit.

Permit # _____	Issued: _____	Total Fees\$ _____
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<b>Engineering office use only:</b>
Site addressed/verified by: _____
Sewer type assessed by: _____ Fee \$ _____
Flood Plain (y/n): _____
SW Detention (y/n): _____
Driveway (y/n): _____
Excavation Permit (y/n) _____
Approved <b>X</b> _____

<b>Planning &amp; Zoning office use only:</b>
Sidewalk Required (yes) (no): _____
Zoning Type: _____
Approved <b>X</b> _____

<b>Building office use only:</b>
Construction Type: _____
Occupancy Type: _____
Fire Sprinklers (yes) (no): _____
Fence (yes) (no): _____
Total # of units (R occ): _____
Approved <b>X</b> _____