



COMMUNITY PLANNING & DEVELOPMENT

Planning ~ Zoning ~ Inspection ~ Code Compliance
 125 S. 2nd Street, Odessa, MO 64076 – (816) 230-5577 – Fax (816) 633-4985

**BUILDING
 PERMIT APPLICATION**

***Application/Permit
 NUMBER:**

*Application Number will become the PERMIT NUMBER when the building permit is issued.

Permanent Electric Meter Fee \$: _____	Deposit \$ _____
Temp. "Saw" Electric Meter Fee \$ _____	
Water Meter Fee \$ _____	Deposit \$ _____
Sewer Connect Fee \$ _____	Deposit \$ _____
Fee Trash Service : _____	Deposit \$ _____
PERMIT FEE \$ _____	
TOTAL \$ _____	P W Director: _____

PROJECT LOCATION AND DESCRIPTION

SITE ADDRESS: _____ **Zoning:** _____
Legal Description _____ **Lots:** _____
Blocks: _____ **Subdivision:** _____ **Phase:** _____
TOTAL AREA SQUARE FOOTAGE Property : _____ **Proposed Structure:** _____

TYPE OF WORK: () New Construction () Remodel () Addition () Repair () Change of Use () Demolition
Scope of work: _____

TYPE OF STRUCTURE: () Single Family Dwelling () Two Family Dwelling () Garage () Storage Shed
 () Multifamily- Units : _____ () Swimming Pool () Commercial () Fence () Other: _____

UTILITIES AND SERVICES REQUIRED: () Standard ¾" Water Service () Building Sewer
 () Temp. Electrical Service () Standard 200Amp, Single Phase Electrical Service () Special Utility Service

PROPERTY OWNER: _____
 Mailing Address: _____
 City: _____
 State/Zip: _____
 Phone: _____

AGENT FOR: () Owner () Contractor
 Name: _____
 Address: _____
 Phone: _____

CONTRACTOR: _____
 Contact Name: _____
 Mailing Address: _____
 City: _____
 State/Zip: _____
 Phone: _____
 Fax: _____
 Craftsman License No: _____
 Business License No: _____

PERMIT APPLICANT: I am the () Contractor () Property Owner () Agent
 Value of project: \$ _____
 Permit Applicant's signature: _____ Date: _____
All entries made by me on this application are true and accurate to the best of my knowledge

Permit Approved: _____ Date: _____
 Building Official