

COMMUNITY PLANNING & DEVELOPMENT

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

DEMOLITION	Payment Validation Stamp
PERMIT APPLICATION	
PERMIT NUMBER:	
	Fee:
PROJECT LOCATION	ON AND DESCRIPTION
SITE ADDRESS:	Zoning:
	Lots:
Blocks: Subdivision;	Phase:
TYPE OF STRUCTURE: () Single Family Dwe	lling () Two Family Dwelling () Garage () Storage Shool () Commercial () Other:
UTILITY DISCONNEC T CONFIRMATION LE	ETTERS SUBMITTED: () Water Service () Building Sewer Capped
SCOPE OF WORK: () Total demolition with site restoration ()) Other:
PROPERTY OWNER:	CONTRACTOR:
Mailing Address:	
City:	
State/Zip:	
Phone:	
	Phone:
AGENT FOR: () Owner () Contractor Name: *	Fax:
Ttame	Craftsman License No:
Address:	Business License No: As Agent for the Applicant checked above, I claim to have
power of attorney to do so and hereby transfer and assign codes and regulations applicable to construction performe	all liability to those represented, the duty of complying with all
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	n are true and accurate to the best of my knowledge
Permit Approved:	Date:

Building Official