



City of Odessa

COMMUNITY PLANNING & DEVELOPMENT

Planning ~ Zoning ~ Inspection ~ Code Compliance

125 S. 2nd Street, Odessa, MO 64076 – (816) 230-5577 – Fax (816) 633-4985

MECHANICAL PERMIT APPLICATION

***Application/Permit NUMBER:**

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

PERMIT FEE \$ _____
TOTAL \$ _____

PROJECT LOCATION AND DESCRIPTION

SITE ADDRESS: _____ **Zoning:** _____
Legal Description _____ **Lots:** _____
Blocks: _____ **Subdivision:** _____ **Phase:** _____

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 : _____ () Commercial () Other: _____

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

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

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

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