



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

PLUMBING PERMIT APPLICATION

***Application/Permit
NUMBER:**

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

Permanent Meter Fee	\$ _____
Deposit	\$ _____
Temporary Meter Fee	\$ _____
Deposit	\$ _____
PERMIT FEE	\$ _____

TOTAL \$ _____

PROJECT LOCATION AND DESCRIPTION

SITE ADDRESS: _____ **Zoning:** _____

Legal Description _____ **Lots:** _____

Blocks: _____ **Subdivision:** _____ **Phase:** _____

SCOPE: SERVICE TYPE: () New () Remodel () Addition () Repair
WATER: () ¾" water () Other: _____ () Quantity: _____
GAS: () Natural () LP
SEWER: Quantity: _____ Size: _____ inch
DWV: () Portion () All plumbing for new building erected at this site
TYPE OF STRUCTURE: () Single Family Dwelling () Two Family Dwelling () Garage () Storage Shed
() Multifamily- Units: _____ () Swimming Pool () Commercial () Other: _____

PROPERTY OWNER: _____

Mailing Address: _____

City: _____

State/Zip: _____

Phone: _____

CONTRACTOR: _____

Contact Name: _____

Mailing Address: _____

City: _____

State/Zip: _____

Phone: _____

AGENT FOR: () Owner () Contractor

Name: _____

Address: _____

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: _____

Building Official

Date: _____