



Building Department  
 107 West Sears Avenue  
 Owensville, Mo 65066

573-437-2812- Voice  
 573-437-5812 – Fax  
 www.cityofowensville.com

**BUILDING PERMIT APPLICATION**

Date: \_\_\_ / \_\_\_ / \_\_\_

Request for:  New Construction  Addition  Remodel  
 Demolition  Other \_\_\_\_\_

Applicant: \_\_\_\_\_

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

Property where work is to be completed:  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Proposed Use for this application: \_\_\_\_\_

Construction Type:  Masonry  Wood Frame  Steel  Other

Propane:  Yes  No City Water:  Yes  No City Sewer:  Yes  No

Electrical Service: \_\_\_ amps Zoning District: \_\_\_\_\_ Total Square Foot: \_\_\_\_\_

General Contractor:  
 \_\_\_\_\_

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

City Contractor's License:  Yes  No

**Contractors Liability & Work Comp Insurance Required with License  
 Building Plans and or Drawings Must be attached for Review**

Estimated Value of Project : \$ \_\_\_\_\_

Applicants Signature: \_\_\_\_\_

----- DO NOT WRITE BELOW THIS LINE -----

Application Approved <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, indicate reason below) Zoning: <input type="checkbox"/> Yes Construction <input type="checkbox"/> Yes Other: _____ Permit Fee : _____ Tap Fee: _____ Permit # _____ Approved by: _____ Date: _____
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