



Building Department
107 West Sears Avenue
Owensville, Mo 65066

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www.cityofowensville.com

BUILDING PERMIT APPLICATION

DATE: \_\_\_/\_\_\_/\_\_\_

REQUEST FOR: [ ] NEW CONSTRUCTION [ ] ADDITION [ ] REMODEL
[ ] DEMOLITION [ ] OTHER

PERSON MAKING APPLICATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

PROPERTY OWNER WHERE WORK IS TO BE COMPLETED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

PROPOSED USE FOR A NEW BUILDING: \_\_\_\_\_

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 FEET: \_\_\_\_\_

GENERAL CONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY CONTRACTORS LICENSE: [ ] YES [ ] NO

CONTRACTORS LIABILITY & WORK COMP INSURANCE REQUIRED WITH LICENSE

BUILDING PLANS AND OR DRAWINGS MUST BE ATTACHED FOR REVIEW

ESTIMATED PROJECT COST: \$ \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

\*\*\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

APPLICATION APPROVED: [ ] YES [ ] NO (If no, indicate reason below) Permit Cost \$ \_\_\_\_\_
ZONING: [ ] YES Permit # \_\_\_\_\_
CONSTRUCTION TYPE: [ ] YES
OTHER: \_\_\_\_\_
BY: \_\_\_\_\_ DATE: \_\_\_\_\_