



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: _____

OWNER OF PROPERTY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: _____

PROPOSED USE FOR 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

CONSTRUCTION TYPE: [] YES

OTHER: _____

BY: _____ DATE: _____