



City of Centralia Building Permit Application

114 South Rollins Street, Centralia, MO
65240

Phone: 573-682-2139 Fax 573-682-5956

PERMIT NUMBER _____
DATE ____/____/20____
FEE ASSESSED \$ _____
INITIALS _____

Estimated Cost of Construction \$ _____

Jobsite Address _____ Centralia, MO Same as
 Contractor Company Name _____ Property Owner
 Contact Name _____ Phone Number (____) _____ - _____
 Address (if not jobsite) _____ City, State Zip _____
 Phone Number (day) (____) _____ - _____ (mobile) (____) _____ - _____
 Email _____ @ _____

Property Owner (if different from the contractor)

Name _____ Phone Number (____) _____ - _____
 Address (if not jobsite) _____ City, State Zip _____
 Phone Number (day) (____) _____ - _____ (mobile) (____) _____ - _____
 Email _____ @ _____

<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Addition	<input type="checkbox"/> Deck/Porch	<input type="checkbox"/> Tag Electric*
<input type="checkbox"/> Duplex	<input type="checkbox"/> Remodel	<input type="checkbox"/> Pool	<input type="checkbox"/> Tag Gas*
<input type="checkbox"/> Garage	<input type="checkbox"/> Pole barn/Shed/Lean to	<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Tag Electric & Gas*
____ Attached ____ Detached	<input type="checkbox"/> Fence (City Inspection only)	<input type="checkbox"/> Commercial* (Requires Plan Rev.)	<input type="checkbox"/> HVAC*
<input type="checkbox"/> Other _____			

* Does NOT require sketch of site plan

Zoning _____ Parcel _____ - _____ - _____ - _____ . _____ Sec _____ Tws _____ Rn _____
 Subdivision _____
 Lot _____ Block _____

Square feet of	Finished	Unfinished	Total
Basement			
1 st Floor			
2 nd Floor			
Garage / Shed / Barn or Lean To			
Deck/Porch/Etc.			
Height of Building to the Peak _____			

Number of Dwelling Units _____ Bedrooms _____ Bathrooms _____
 Foundation (circle one) Slab w/ footings Existing Pier Basement Pole Crawl space Wood

(OVER)

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I hereby certify that I have read and examined this application and know the same to be true and correct, and to comply with the Centralia City Code and State Laws regulating building construction.

I understand that this *permit shall become null and void if construction does not begin within six (6) months of the date that the permit is issued; or if construction stops for more than six (6) months.*

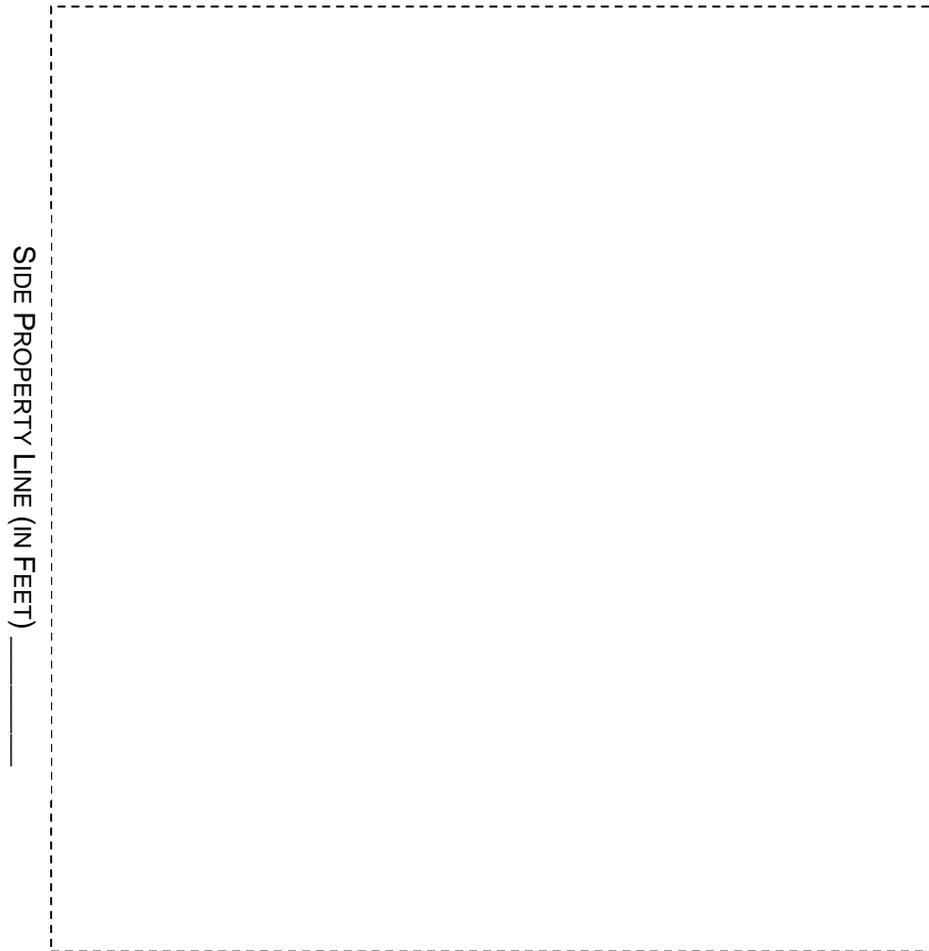
I understand that a **minimum notice of one-half day** is required for inspections unless otherwise stated by this office or Boone County Resource Management (573-886-4330), and that **no work may proceed until an inspector has approved the inspection that has been requested.**

I understand that a **CERTIFICATE OF OCCUPANCY** is required prior to occupancy of this structure and that, no structure shall be occupied until a Final Inspection has been requested, the Final Inspection has been performed and a **CERTIFICATE OF OCCUPANCY** has been issued.

Applicant's Signature _____ Date ____/____/____

APPLICANT'S PLOT PLAN SKETCH

REAR PROPERTY LINE (IN FEET) _____ IRREGULAR SHAPE? Y / N



1. Please show and label streets/roads and indicate location of driveway.
2. Please show the location and dimensions of the proposed building in relation to lot lines.
3. Indication location of wastewater treatment in relation to structure and lot lines.
4. Indicate and label all existing structures on property.
5. For additions, indicate existing structure and location of addition.
6. For Buildings NOT connected to existing structure: 1 ft. from back property line, 3 ft. from side property line, and 10 ft. from the other structure.
7. Front lot line starts at the PROPERTY LINE NOT THE CURB!

FRONT PROPERTY LINE (IN FEET) _____

STREET _____