



# 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 \_\_\_\_\_

PAID  NO  PART  IN FULL

Estimated Cost of Construction \$ \_\_\_\_\_

(Items in **BOLD** are required)

**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** \_\_\_\_\_ @ \_\_\_\_\_

### PROPOSED USE

- |   |  |  |  |
|---|--|--|--|
| <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<br>(City Inspection only) | <input type="checkbox"/> Commercial*<br>(<20,000 ft <sup>3</sup> & no<br>No need for Plan Re | <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 <sup>st</sup> Floor			
2 <sup>nd</sup> 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)

**CITY OF CENTRALIA BUILDING PERMIT APPLICATION (Page 2)**

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 (show proposed setbacks dotted lines are property lines)**



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!

FOR NON-RECTANGULAR LOTS DRAWN DOTTED LINES TO REPRESENT LOT LINES PLEASE.

NAME OF FRONTAGE STREET \_\_\_\_\_