

Scott City Permit Form

215 Chester Ave. Scott City MO, 63780 (573) 264-2157



Office Use Only

Date Submitted: _____

Permit Number _____

Type of Permit:

- | | | |
|---|---|--|
| <input type="checkbox"/> Building Permit (BP) | <input type="checkbox"/> Electrical Permit (EP) | <input type="checkbox"/> Plumbing Permit (PP) |
| <input type="checkbox"/> Mechanical Permit (MP) | <input type="checkbox"/> Demolition Permit (DP) | <input type="checkbox"/> Sign Permit (SP) |
| <input type="checkbox"/> Fence Permit (FP) | <input type="checkbox"/> Pool Permit (POOL) | <input type="checkbox"/> Excavation Permit (EXP) |

Property Information:

Address: _____

Owners Name or Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell: _____

☐ Residential

☐ Commercial

☐ Industrial

Applicant / Contractor Information:

Applicants Name or Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell: _____

Contractor Information: Contractors must have a contractor's license through the City of Scott City. All contractors must have a current Certificate of Insurance for Commercial General Liability and Workers Compensation & Employers Liability Insurance.

Type of Work	Company Name	Phone Number
Excavating		
Concrete Foundation		
Concrete Flatwork		
Framing		
Plumbing		
Electrical		
HVAC		
Roofing		
Masonry		
Siding		
Painting		
Dry Wall		
Guttering		
Landscaping		
Demolition		
Other		

☐ **Required: Drawing of Setbacks and/or Blueprints.** All Setbacks must be measures from the Right-Of-Way or interior property line. Do Not measure from the corner, or edge of pavement.

☐ **Required: Project Description:** _____

☐ **Required: Total Estimated Value of Construction:** _____

Construction Purpose / Type:

Building Permits Expire Twelve (12) Month from Date of Issuance

- ☐ New Construction ☐ Addition ☐ Remodel
☐ Repair/Replacement ☐ Demolition ☐ Other: _____

Size of Structure Square Footage: _____ Lot Size: _____

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Cost of Building Permit: _____

Electrical Permit:

- Type of Work: ☐ Meter Base ☐ New Service ☐ New Wiring
☐ Renovate 51% of Existing Wiring ☐ Replace Service Panels
☐ Other: _____

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Cost of Electrical Permit: _____

Plumbing Permit:

- Type of Work: ☐ New Service Water ☐ New Service Sewer
☐ Renovating Over 40% of Existing Water and/or Sewer

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Cost of Plumbing Permit: _____

Mechanical Permit:

Type of Work: ☐ A/C Unit ☐ Heating Unit ☐ Boiler
☐ Duct System ☐ Process Piping
☐ Other: _____

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Cost of Mechanical Permit:

Demolition Permit:

This permit is valid for forty-five (45) days from date shown above

Legal Description (Lot number and block if known) _____

Parcel Number: _____
Book: _____ Page: _____

Demolition waste must be disposed in accordance with all Missouri Department of Natural Resources and regulations and city ordinances. Copies of disposal regulations and guidelines are attached with this permit. Appropriate landfill receipts must be presented to the office to where you have obtained this permit upon completion of demolition.

Call Public Works Director for inspection of sewer capping and water line disconnect before burying.

Scott City Police Official Signature _____ Date _____

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Cost of Demolition Permit:

Sign Permit:

Sign Type: Permanent / Temporary Sign Style: Freestanding / Attached
Square footage of Sign Face: _____

☐ Required: Drawing of Each Proposed Sign Face and Location of Signage.

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Cost of Sign Permit:

Fence Permit:

Type of Fence: _____ Height of Fence: _____

Corner Lot: ☐ Yes ☐ No Fence Location: ☐ Front Yard ☐ Back Yard

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Cost of Fence Permit: _____

Pool Permit:

Size of Structure Square Footage: _____ Lot Size: _____

Estimated Cost of Construction: _____

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Cost of Pool Permit: _____

Excavation Permit:

Area to Be Excavated:

☐ Sidewalk ☐ Gravel Surface ☐ Asphalt Surface ☐ Concrete Surface

☐ Other: _____

Permissions is hereby granted to _____

To enter upon and make excavations on and along _____

Street and _____ street in front of the premises

owned by _____ said

excavation to be approximately _____ feet long, for the purpose of

_____. Applicant agrees to make said

excavations to conform to and be governed by the provisions and conditions stipulated in

Chapter #539 of the Scott City Code regulations to Excavations.

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Cost of Excavations Permit: _____

Office Use Only

Cost of Building Permit: _____

The building inspector is Josh Braun. He can be reached at 573-887-7259. Please contact him to set up inspections.

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter area covered by such permit at any reasonable hour to enforce the provisions of the code(s).

Prior to start of new construction the location of utilities and service taps should be located and physically verified on site.

No water meters for new construction will be set until the utility customer for this location has signed up for services with City Hall.

Signature

Print Name

Office Use

Approved by Building Inspector: _____

Building Inspector Signature

Date of Approval: _____

Approved by Public Works Director: _____

Public Works Director Signature

Date of Approval: _____

☐ Denied

☐ Approved

Building Inspection Record

Building Permit Number: _____

BEFORE WORK IS STARTED, CALL JOSH BRAUN 573-877-7259 TO SET UP INSPECTIONS

Job Address: _____

Nature of Work: _____

Use of Building: _____

Date Issued: _____

Owner: _____

BUILDING INSPECTOR MUST SIGN ALL SPACES PERTAINING TO THIS JOB

Contractor: _____

Inspection	Date	Inspector
Set Back		
Trench		
Reinforcing		
Foundation Wall & Weather Proofing		

DO NOT POUR FLOOR UNTIL ABOVE HAS BEEN SIGNED

Inspection	Date	Inspector
Rough Electrical		
Rough Plumbing		
Rough Gas Piping		
Rough Heating & Ventilation		
Framing		

Inspection	Date	Inspector
Final		
Building		
Electrical		
Plumbing		
Gas		
Mechanical		
Job Completed		