

File #_____

2110 S Broadway, PO Box 805 Oak Grove, Missouri 64075 816.690.3773 • 816.690.8478

RESIDENTIAL BUILDING PERMIT APPLICATION

The City has adopted the 2012 International Codes

Inspections call (816) 690-3773 Ext. 1007 return application to: buildingofficial@cityofoakgrove.com

FEE CALCULATED

Applied date	Permit Number						
Project Address:							
Subdivision:	Lot:	_ Phase:					
Development Type: Single family:	Duplex:	Other: Val	uation:				
Total Square Footage:	Lot Size:	Zo	ned:				
Scope of Work:							
_	UARE FOOTAGE IN	FORMATION					
Please notate each applicable const							
		Floor Plan:					
1st Floor: 2nd Flo							
Unfinished Basement Finishe							
# Bedrooms: # Full Baths: # Half Baths: # Parking Garage:							
Total Square Footage:							
PROPERTY OWNER							
Name:							
Address:							
City:		State:	_ Zip:				
Phone Number:	Email ac	ldress:					
	APPLICANT INFOR	MATION					
Your Name:	Company Name	e:					
Owner:	Architect: E	ngineer: Other	:				
Address:							
City:		State:	Zip:				
Phone Number:	Number:Email address:						
Business License #:							

Trade Company Names Below:

Mechanical:	Business License #:
Electrical:	Business License #:
Plumbing:	Business License #:
The proposed work must be done in accordance with approved plans an limited to electrical, mechanical and plumbing. Furthermore, it is the d inspections are scheduled in advance and approved buy the City Inspect	uty of the general contractor to assure that all required
Permits are valid for 180 days and must be posted in visible location.	
I hereby certify that I have read and examined this application and know ordinances governing this type of work will be complied with whether spresume to give authority to violate or conceal the provisions of any of performance of construction and that I make this statement under pena Grove Business License prior to beginning any project.	pecified herein or not. The granting of a permit does not her state or local law regulating construction or the
AFFIDAVIT: I hereby certify that I have the authority to n	nake the foregoing application and that the
application, to the best of my knowledge, is complete and co	0 0 11
conform to the regulations in the Codes adopted by the City	•
Applicant Name Printed: x	
Applicants Signature: x	Date:
Building Official Printed: x	
Building Official Signature: x	Date:



SINGLE FAMILY RESIDENTIAL SITE PLAN REQUIREMENTS

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buildingofficial@cityofoakgrove.com

A site plan is REQUIRED for New Construction, Additions or Accessory Structures which result in a significant change to a primary functional area.

Parcel N	lumber:				
					Zip:
Phone Number:					
be submi		a particula		-	ng the following information, must ated. If an item does not apply,
	corners s 2. Show na 3. Show all 4. Location garage co 5. Distance 6. Show ex street lig 7. Show ex 8. Square fo 9. Clearly i 10. Provide 11. Show d 12. Show d 14. Show a 15. State of 16. Show 1 16. Show 1	hall be cleames of streetys. Is of existing orners. If from all stricting and potage of producate Site legal descrimensions at ewer stub logal direction of the strainage direction of	rly marked on the ets. g and proposed sucture(s), to proposed inlets, so pertinent items. The roposed curb curb curb curb and footperty and footperty and addressed in the ethod type of easen peation. The rope of easen peation.	tructures (including of perty line(s). idewalks, manholes, its and driveway locatorint of proposed structure of property. Its of property is of property. Its of property is of property. Its of property is of property is of property. Its of property is of property is of property is of property is of property. Its of property is of property is of property is of property is of property. Its of property is of	
I am:		Agent		D /	
				Date:	
Print Nai	me:				