



# Building Permit Application

Accessory Building/Deck/Patio

Community Development Department  
 Phone: (417) 732-3150  
 Email: [permits@republicmo.com](mailto:permits@republicmo.com)

Application Date: _____		Permit No: _____	
<b>Site Information</b>		Site Address: _____	
Legal Description <i>(office use only)</i>	PIN: _____	Lot Number: _____	Subdivision: _____ Zoning: _____
<b>Owner Information</b>		Name: _____	
Address: _____		City: _____	State: _____
Email Address: _____		Phone Number: _____	Zip: _____
<b>Contractor Information</b>		Name (Contact Person): _____	
Name (Company): _____		Business License: _____	
Address: _____		City: _____	State: _____
Email Address: _____		Phone Number: _____	Zip: _____
<b>Project Information</b>			
Accessory Building		Deck                      Patio	
Dimensions: _____ by _____ = _____ sq. ft.		Dimensions: _____ by _____ = _____ sq. ft.	
Total square footage of all existing Accessory Buildings/Structures onsite: _____ sq. ft.		Will the finished project:	
Overall height of the Accessory Building: _____ ft.		Connect to a main doorway?              Yes              No	
Will the finished project:		Provide disabled access?              Yes              No	
Require electrical?              Yes              No		Include stairs or a ramp?              Yes              No	
Require plumbing?              Yes              No		Be covered?              Yes              No	
		Require electrical?              Yes              No	
		Require plumbing?              Yes              No	
Project Description: _____			

By signing this application form, I hereby acknowledge that the information I have provided is complete and accurate to the best of my knowledge. Furthermore, I acknowledge my responsibility to conform to the applicable federal, state and local regulations pertaining to the project described by this application and attachments. I also understand that this application will expire within 180 days of the date of my signing, unless extended in writing by the Building Official.

Date: \_\_\_\_\_ Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

**OFFICE USE ONLY**

Permit Type: \_\_\_\_\_

<b>Building Code Review</b>	Approved	Denied
Comments: _____		
Type of Construction: _____	FACP:                      YES                      NO	FSS:                      YES                      NO
Use Group: _____	Use Classification: _____	
Signature: _____	Date: _____	
<b>Zoning Code Review</b>	Approved	Denied
Comments: _____		
Signature: _____ Date: _____		
<b>Floodplain Review</b>	Approved	Denied
Comments: _____		
Signature: _____ Date: _____		
<b>Fire Code Review</b>	Approved	Denied
Comments: _____		
Signature: _____ Date: _____		
<b>Public Works Review</b>	Approved	Denied
Comments: _____		
Signature: _____ Date: _____		

Approved by \_\_\_\_\_ on \_\_\_\_\_

<b>Permit</b>	<b>Fees</b>
Issued: _____	Penalty Fee    YES    NO
Expires: _____	Assessed
Extension: _____	Fee Total    \$ _____.