



Building Permit Application

Accessory Structure/Temporary Structure/Fence/Wall

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

Application Date:		Permit No:	
Site Information		Site Address:	
Legal Description <i>(office use only)</i>	PIN:	Lot Number:	Subdivision:
		Zoning:	
Owner Information		Name:	
Address:		City:	State:
Email Address:		Phone Number:	Zip:
Contractor Information		Name (Contact Person):	
Name (Company):		Business License:	
Address:		City:	State:
Email Address:		Phone Number:	Zip:
Project Information	Accessory Structure <small>(not more than 120 square feet)</small>	Temporary Structure <small>(not more than 180 days)</small>	Fence Wall
			New Repair/Replace
	Dimensions: _____ ft. by _____ ft. Total Square Feet: _____ sq. ft.		
	Overall Height: _____ ft.	Total square footage of all existing Accessory Structures/Buildings onsite: _____ sq. ft.	Overall height of the fence/wall: _____ ft.
Length of Time (Temporary Structures only)	From: _____ To: _____	Number of days: _____	Building Material: _____
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: _____

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

Approved by _____ on _____

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