



**BUILDING PERMIT APPLICATION  
ACCESSORY STRUCTURE  
PERMITS@REPUBLICMO.COM**

<b>Office Use Only:</b>		<b>Application Date:</b>	<b>Permit Number:</b>
<b>PIN:</b>	<b>Lot No.:</b>	<b>Subdivision:</b>	<b>Zoning:</b>

Site Address: \_\_\_\_\_

OWNER INFORMATION	
Owner Name:	
Address (Street, City, State, Zip):	
E-Mail:	Phone:

CONTRACTOR INFORMATION	City of Republic Business License No.:
Company Name:	Contact Name:
Mailing Address (Street, City, State, Zip):	
E-Mail:	Phone:

PROJECT INFORMATION	
Less Than 120 Square Feet): <input type="checkbox"/>	More Than 120 Square Feet: <input type="checkbox"/>
Project Description (Include Use of Structure & Type of Construction):	

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**Project Contact Information:** Contact Name & Phone: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Email: \_\_\_\_\_

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Dimensions: \_\_\_\_\_ Project Square Ft: \_\_\_\_\_ Overall Height: \_\_\_\_\_  
 Total Square Footage of All Existing Accessory Structures Onsite (If Any): \_\_\_\_\_

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*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.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



R E P U B L I C  
**BUILDS**  
Public Works • Community Development

## GUARANTEE OF PAYMENT AGREEMENT

By signing this agreement, I acknowledge and accept full responsibility for payment to the City of Republic for all fees and charges incurred by 3<sup>rd</sup> party consultant review and any/all fees related to the review of drawings and specifications associated with this project.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please print the following information for billing purposes:

Contact Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_