



181 W. HARRISON ST. WARSAW, MO.65355.
PHONE: (660) 438-5522 / FAX: (660) 438-7142

Office Staff:
PERMIT FEE AMOUNT DUE:
\$
DATE PAID:
RECEIPT NO #:
STAFF INITI:

RESIDENTIAL BUILDING PERMIT # 2

(REMODELS, ADDITIONS, DECKS, ALTERATIONS, REPAIRS, ETC.)

*Note: For New Builds, Sheds over 10'x10'w/elect & plumbing, Unfinished Basements etc. USE "Residential Building Packet # 1".
*For Roofs, Fences, Signs, Sheds, & Driveways obtain designated application. Available online or at City Office.

ANY PROJECT REQUIRING A BUILDING PERMIT THAT IS STARTED WITHOUT A LEGAL PERMIT WILL BE REQUIRED TO PAY 150% OF THE STANDARD BUILDING PERMIT FEE.

DATE OF APPLICATION: PERMIT VALID FOR 1 YEAR FROM DATE OF APPLICATION

I. LOCATION OF BUILDING/PROJECT (TO BE COMPLETED BY ALL APPLICANTS)

APPLICANT PLEASE COMPLETE ALL 3 PAGES OF APPLICATION

OWNER NAME:
APPLICANT NAME: CONTRACTOR / ENGINEER (circle one)
PROJECT ADDRESS CITY STATE ZIP
OWNER PHONE: PHONE # 2:
ZONING DISTRICT: BETWEEN AND CROSS STREET NAME CROSS STREET

II. TYPE OF BUILDING: "X" to all that apply

TYPE: ADDITION to existing bldg. ALTERATION REPAIR/REPLACE REMODEL OTHER:
FOR: HOME SEPARATE / ATTACHED GARAGE CARPORT PATIO DECK OTHER:

III. SELECTED CHARACTERISTICS OF BUILDING "X" TO ALL THAT APPLY

RESIDENTIAL: SINGLE (1) FAMILY TWO OR MORE FAMILY UNITS OTHER:
NUMBER OF STORIES: 1 2 3 NUMBER OF BEDROOMS: 1 2 3 4 5
BATHS: # OF FULL BATHS: # OF PARTIAL BATHS:
PRINCIPAL TYPE OF FRAME: WOOD FRAME STRUCTURAL STEEL/REINFORCED CONCRETE MASONARY
PRINCIPAL TYPE OF HEATING FUEL: N/A GAS OIL ELECTRICTY COAL OTHER
TYPE OF MECHANICAL: WILL THERE BE AIR CONDITIONING? YES NO WILL THERE BE AN ELEVATOR? YES NO
FOUNDATION TYPE: SLAB-CONCRETE WOOD MASONARY GRAVEL

IV. TOTAL COST\$ & SQUARE FOOTAGE- Must Provide

Residential building permits shall be assessed on the finished living area at twenty-five cents (\$.25) per square foot with all inspection at no cost. Includes projects: Decks, slabs, roofs, additions etc. unless marked otherwise.

COST: ESTIMATED TOTAL COST OF PROJECT:\$ (Includes labor/materials, etc.)
TOTAL SQ. FEET OF PROJECT: *Residential Permit Fee due based on total square footage x .25

Applicant Signature

I hereby certify that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his authorized agent and we agree to all applicable laws of this jurisdiction. I have read and understand the required guidelines & building permit process.

APPLICANT SIGNATURE: DATE
ADDRESS: CITY: STATE: ZIP:

APPLICANT PLEASE CONTINUE TO NEXT PAGE!

Office Staff Section

Signature of Approval Date:
Print Name:

OFFICE STAFF

PERMIT NO#

STREET:

OWNER:

v. CONTRACTORS/SUB-CONTRACTORS APPLICANT(S) (MUST READ)

*The City of Warsaw now requires a contractor and sub-contractors working on any project within the City limits of Warsaw to first obtain a business license.

*General contractors must complete this form, listing all sub-contractors that will be working on the project.

*Licenses must be obtained before any type of work begins by any contractor/subs.

*Contractors who do not obtain a city business license prior to work may result in a STOP WORK ORDER on the project until the license(s) have been issued.

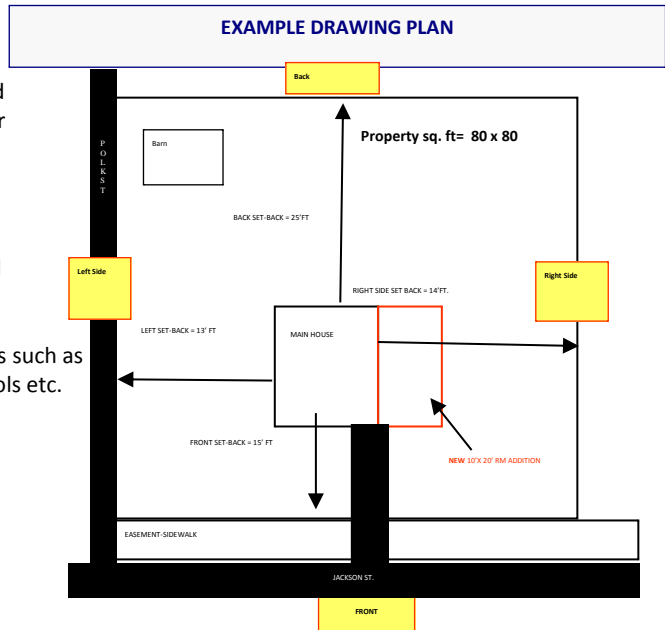
CONTRACTORS/OWNER: MUST COMPLETE BELOW FOR EVERY CONTRACTOR/SUB INVOLVED IN PROJECT.

CONTRACTOR/COMPANY NAME	LICENSED IN WARSAW? YES / NO <i>If No-must obtain City business License</i>	PHONE #
SAMPLE: JOE SMITH / JS ELECTRICAL & PLUMBING	YES / NO IF NO OBTAIN CITY LICENSE	660-438-1234
	YES / NO IF NO OBTAIN CITY LICENSE	
	YES / NO IF NO OBTAIN CITY LICENSE	
	YES / NO IF NO OBTAIN CITY LICENSE	
	YES / NO IF NO OBTAIN CITY LICENSE	
	YES / NO IF NO OBTAIN CITY LICENSE	
	YES / NO IF NO OBTAIN CITY LICENSE	
	YES / NO IF NO OBTAIN CITY LICENSE	
	YES / NO IF NO OBTAIN CITY LICENSE	

SITE PLAN REQUIREMENTS FOR RESIDENTIAL CONSTRUCTION

The following optional items must be included on a plot plan: **DRAW PLANS NEXT PAGE!!**

- Existing property line and description.
- Platted building set back or building restrictions lines.
- Existing easements, right of ways, watercourses, sewer & man holes etc. or other documents containing desired appropriate information affecting the property, whether recorded or observed.
- Exterior dimensions of all buildings at ground level.
- Square Footage of:
 1. Lot
 2. Exterior footprint of all buildings or gross floor area of all buildings at ground level.
 3. Identify any possible height restrictions.
- Substantial visible improvements in addition to buildings such as sidewalks, signs, parking areas, or structures, swimming pools etc.
- Indication of access to public streets and alleys
- Existing utility information as recorded or visible.
- Distance between main building and accessory building.



CONTINUE TO DRAW PLAN PAGE...almost done

DRAW PLAN or attach proposed plans.

SET-BACK MEASUREMENTS: **Please provide all set-back distances.

Front = _____ ft. _____ inches **Back** = _____ ft. _____ inches

Left Side = _____ ft. _____ inches **Right Side** = _____ ft. _____ inches

