

City of Clever
 Building Permit Application
 New Residential Building / Addition

Building Inspector
 Phone: (417) 743-2544
 Email: utilities@clevermo.com

304 Clarke
 Clever, MO 65631

		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	<i>(please mark the appropriate selection)</i>	Single Family (attached)	Single Family (detached)	Two Family	Addition
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of Stories:		Number of Bedrooms:		Number of Bathrooms:	
Overall Height:		Total Square Footage(s):		Living Area:	Garage:
Project Description: _____					

Sub- Contractor Information	Please list the following information on sub-contracts who will be operating on this project.		
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	Name / Company Name:	Company Address:	Phone Number:
Architect			
Excavation			
Concrete			
Carpentry			
Electrical			
Plumbing			
Sewer			
Mechanical			
Roofing			
Masonry			
Dry/Wall			
Sprinkler			
Fire Alarm			
Paving			
Miscellaneous			

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 Inspector.

Date: _____ Name (please print): _____ Signature: _____

Use this page to draw a plot plan if you have not submitted one with your application. Failure to submit a plot plan can result in the delay of the approval of your application.

OFFICE USE ONLY

Permit Type: _____

Building Code Review		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Comments: _____			
<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential	FACP: <input type="checkbox"/> YES <input type="checkbox"/> NO	FSS: <input type="checkbox"/> YES <input type="checkbox"/> NO
Use Group: _____		Use Classification: _____	
Signature: _____		Date: _____	
Zoning Code Review		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
<input type="checkbox"/> Commercial <input type="checkbox"/> Residential			
Lot Size: _____	Front Setback: _____	Back Setback: _____	Comments: _____
	Right Setback: _____	Left Setback: _____	
Signature: _____		Date: _____	
Floodplain Review		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Comments: _____			
Signature: _____		Date: _____	
Fire Code Review		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Comments: _____			
Signature: _____		Date: _____	
Public Works Review		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Comments: _____			
Signature: _____		Date: _____	

Final Application Approved by _____ on _____

Permit		Fees	
Issued: _____	Penalty Fee Assessed	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Expires: _____	Fee Total \$ _____		
Extension: _____			