



Building Department
 107 West Sears Avenue
 Owensville, Mo 65066

573-437-2812- Voice
 573-437-5812 – Fax
 www.cityofowensville.com

BUILDING PERMIT APPLICATION

Date: ___/___/___

Request for: New Construction Addition Remodel
 Demolition Other _____

Applicant: _____

Address: _____ Phone: _____

Property where work is to be completed:

Address: _____ Phone: _____

Proposed Use for this application: _____

Construction Type: Masonry Wood Frame Steel Other

Propane: Yes No City Water: Yes No City Sewer: Yes No

Electrical Service: ___ amps Zoning District: _____ Total Square Foot: _____

General Contractor:

Address: _____ Phone: _____

City Contractor's License: Yes No

Contractors Liability & Work Comp Insurance Required with License

Building Plans and or Drawings Must be attached for Review

Fence Permits Require a meeting onsite before approval

Estimated Value of Project : \$ _____

Applicants Signature: _____

----- DO NOT WRITE BELOW THIS LINE -----

Application Approved <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, indicate reason below) Zoning: <input type="checkbox"/> Yes Construction <input type="checkbox"/> Yes Other: _____ Permit Fee : _____ Tap Fee: _____ Permit # _____ Approved by: _____ Date: _____
--