

APP. DATE: _____

PERMIT # _____

CITY OF LAKE OZARK COMMERCIAL BUILDING PERMIT/PLAN REVIEW APPLICATION

PROPERTY INFORMATION			
STREET ADDRESS:		SUBDIVISION:	LOT #:
Property Owner Name, Business Name		Phone Number(s):	
Mailing Address:	City:	State:	Zip Code:
APPLICANT INFORMATION			
IS APPLICANT OWNER? Y N	Applicant Name:	Phone Number(s):	
Mailing Address:	City:	State:	Zip Code:
CONTRACTORS INFORMATION			
General Contractor Name &/or Business Name:		Phone Number(s) Mobile: Office:	
Mailing Address:	City:	State:	Zip Code:
JOBSITE SUPERINTENDENT NAME & CONTACT #:			
SUB-CONTRACTORS	COMPANY & CONTACT NAME	PHONE #	LICENSE #
Architect/Engineer			
Excavation			
Concrete			
Masonry			
Carpentry			
Electrical			
Plumbing			
Mechanical			
Roofing			
Drywall or Lathing			
Fire Sprinkler			
Fire Alarm			
Paving			

IMPROVEMENT TYPE

<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REMODEL	<input type="checkbox"/> REPAIR/REPLACEMENT <input type="checkbox"/> INTERIOR FINISH <input type="checkbox"/> RELOCATION <input type="checkbox"/> DEMOLITION	<input type="checkbox"/> FOUNDATION ONLY <input type="checkbox"/> OTHER _____
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I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit. I also understand that I, along with all parties involved, are responsible for assuring that all necessary inspections are scheduled in accordance with the Building Code requirements of the City of Lake Ozark. Failure to meet these requirements may result in a stop work order and assessment of penalty fees or fines as outlined in the regulations and ordinances of the City of Lake Ozark.

APPLICANT SIGNATURE: _____ DATE: _____

	# of Feet		# of		Square Feet
Street Frontage		Stories		Lot Area	
Front Setback		New Residential Units		Building Area	
Rear Setback		Existing Residential Units		Parking Area	
Right Setback		Bedrooms per Unit		Living Area	
Left Setback		Full Baths per Unit		Basement Area	
Building Height		Partial Baths per Unit		Garage Area	
		Garages		Office/Sales Area	
		Enclosed Parking Spaces		Service Area	
		Outside Parking Spaces		Manufacturing Area	
		Seats (Assembly Use)			
		Elevators/Escalator			

ELECTRICAL

Electrical Work (Y/N):	Total Service Amps:	Phase:
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(Enter Number of new or Replacement Fixtures or Units)

PLUMBING	# of	PLUMBING	# of	MECHANICAL	# of
Tubs/Showers		Grease Traps		Forced Air Furnaces	
Shower Stalls		Bidets		Gravity Furnaces	
Lavatories		Back Flow Preventers		Heat Pumps	
Toilets		Water Pumps		Unit Heaters	
Urinals		Roof Openings		Space Heaters	
Sinks		Parking Lot Drains		Air Cleaners	
Laundry Tubs		Inside Downspouts		Kitchen Exhaust Hood	
Dishwashers		Swimming Pools		Exhaust Fans	
Garbage Disposals		Other:		Window A/C Units	
Drinking Fountains		Lawn Sprinklers (Y/N)		Split System A/C	
Floor Drains		Fire Sprinklers (Y/N)		A/C Compressors	
Water Heaters		Total Fixtures		Coil Units	
Water Softeners				Air Handling Units	
Sewage Ejectors		Public Water (Y/N) Size		Incinerators	
Sump Pumps		Public Sewer (Y/N) Size		Boilers	

BUILDING DATA

Occupancy Use Group:	Construction Type:	Occupant Load:
Mixed Use (Y/N):	Separated (Y/N)	Construction Cost: \$

Description of Work:

NOTE: SETBACKS MUST BE ILLUSTRATED ON THE SITE PLAN. APPLICANT ASSUMES ALL LIABILITY IF THE SITE PLAN AND/OR SETBACKS ARE NOT ACCURATELY DESCRIBED. ALL NEW COMMERCIAL DEVELOPMENT REQUIRES A SITE PLAN REVIEW AND APPROVAL BY THE PLANNING AND ZONING COMMISSION. INCOMPLETE APPLICATIONS WILL BE DENIED AND RETURNED TO THE APPLICANT.

Application reviewed and approved by: _____