

APPLICATION FOR CONSTRUCTION PERMIT

City of Jefferson
 Department of Planning & Protective Services
 Development Services Division
 320 E. McCarty Street, Jefferson City, MO 65101
 Phone (573) 634-6410 Fax (573) 634-6562
jcplanning@jeffcitymo.org
www.jeffersoncitymo.gov

Indicate type of work proposed for this permit:

Building Plumbing Electrical Mechanical

1. Property Information (location of proposed construction)

Street Number: _____ unit / suite # _____

Street Name: _____

Lot # _____ Subdv: _____

Located in 100-Year Floodplain? Yes No

2. Type Work: New Alteration Addition Repair

If not new work, is structure historic? Yes No

3. Type Use: Business Educational

- Single family Mercantile Institutional
- Two family Restaurant Warehouse
- Townhouse Bar/Night club
- Multi-Family Daycare
- Other: _____

- Accessory uses:** garage rear deck fence
 swimming pool carport utility shed ret. wall
 footing tower other: _____

4. Brief Description of Work:

If needed, use sketch plan on back page to show addition information:

5. General Building Information:

Const. Cost \$ _____ Area _____ sq. ft.
 Number of stories: _____ Bathrooms per unit: _____
 Number of units: _____ Bedrooms per unit: _____
 Type Basement: unfinished finished none
 Type Heating: electric gas other

6. Permit Fee Calculation:

Modifier

- > Residential rate, (single family up to 2 units) ----- .0025
(3 or more units will be at commercial rate)
- > Commercial rate, first 10 million of cost, ----- .0050
then @ (.0020) for cost over 10 million.
- > Minimum Permit Fee \$10.00

(\$ _____) X (_____) = Permit Fee _____

*Construction Cost modifier
 *(Construction Cost – Subject to Verification)

** \$408 for each new sewer connection Add _____

Total Permit Fee Due _____

Fee paid type payment: cash credit card check

This space for official use		
Amount paid: \$	PERMIT # BP -	
<input type="checkbox"/> Data-entry	Department Review	approved
Bldg. code - 2009 I.B.C.	Fire	
Use Group	Public Works	
Type Const.	Planning	
Occ load	Health	
Sprinkler sys.	Building	

7. Property Owner:

Name: _____

Address: _____

City: _____ zip _____

phone _____ contact _____

email address _____

8. Consultant / Design Professional lic# _____

Name: _____

Address: _____

City: _____ zip _____

phone _____ contact _____

email address _____

9. Licensed General Contractor: lic. # _____

Name: _____

Address: _____

City: _____ zip _____

phone _____ contact _____

email address _____

10. Sub-Contractor Information: sub-contractors on this project.

Mechanical contr.: _____

Plumbing contr.: _____

Electrical contr.: _____

11. Certification: I hereby certify that I am the owner of record of named property, or that the proposed work is authorized by the owner of record and I have been authorized to make this application as his agent and we agree to conform to all applicable laws of this jurisdiction.

▶ Nick Bergman
 Signature of Applicant Date

NOTE: The Department of Natural Resources requires any demolition or renovation activities in regulated structures to be inspected to determine if any asbestos containing materials are present. For information contact - DNR at (573-751-4817) or www.dnr.mo.gov

12. Permit Approval:

 Authorizing Official Date

Permit Fee Refunds: Permit fees may be refunded upon written request within 60 calendar days from the date the permit was issued. The written request must include: property address; permit number; a statement to withdraw the permit; and be signed by the individual who signed the original permit application. The amount refunded will be less a processing cost of \$50 or 20% of the issued permit cost, whichever is greater.