

# PACIFIC - PERMIT APPLICATION

Permit # \_\_\_\_\_

Instructions: Submit fully completed application along with two (2) sets of required plans and information plus the non-refundable \$26 application fee to City of Pacific Building Department 300 Hoven Drive, Pacific, MO 63069

For all applicable building and zoning codes please visit [www.pacificmissouri.com](http://www.pacificmissouri.com) and click on the link to "Code of Ordinances"

## PROPERTY OWNER INFORMATION:

Property Owner Name: \_\_\_\_\_

(Please list all owners)

Current Mailing Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

Work # \_\_\_\_\_

Email: \_\_\_\_\_

IS PROPERTY IN FLOODPLAIN YES  NO  (IF YES THEN MUST FILL OUT A FLOODPLAIN PERMIT)

## APPLICANT INFORMATION (if different from owner):

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

Work # \_\_\_\_\_

Email: \_\_\_\_\_

## BUILDING SITE INFORMATION:

Site Address: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot #(s): \_\_\_\_\_

## TYPE OF IMPROVEMENT (check all that apply):

NEW BUILDING  ADDITION  MODIFICATION, ALTERATION, REPAIR, REMODEL   
 DEMOLITION  PLUMBING  ELECTRICAL  MECHANICAL  FENCE   
 DECK  SWIMMING POOL  SPECIAL EVENTS

Description of Work: \_\_\_\_\_

HAS CONSTRUCTION STARTED YES  NO

## STRUCTURE TYPE AND INFORMATION (check all that apply):

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>Residential</b>                                 | <b>Non Residential</b>                       | <b>Frame</b>                              | <b>Dimensions</b>         |
| <input type="checkbox"/> Single Family Dwelling    | <input type="checkbox"/> Tower/Antenna       | <input type="checkbox"/> Wood             | # Bedrooms _____          |
| <input type="checkbox"/> Two Family Dwelling       | <input type="checkbox"/> Commercial Building | <input type="checkbox"/> Structural Steel | # Baths _____             |
| <input type="checkbox"/> Multi Family Dwelling     | Current Use: _____                           | <input type="checkbox"/> Other _____      | # of Stories _____        |
| <input type="checkbox"/> Deck - Size _____         | Prop. Use: _____                             |   | Square Feet _____         |
| <input type="checkbox"/> Garage                    |  | <b>Roof</b>                               | (total)                   |
| <input type="checkbox"/> Accessory Building (Shed) |  | <input type="checkbox"/> Metal            | <b>Electrical Service</b> |
| <input type="checkbox"/> Swimming Pool             |  | <input type="checkbox"/> Asphalt Shingle  | Amps _____                |
| <input type="checkbox"/> Other _____               | Project Cost _____                           | <input type="checkbox"/> Wood Shake       | Premise # _____           |
|  |  | <input type="checkbox"/> Other _____      | (Amen) _____              |

**CONTRACTOR INFORMATION:**

General Contractor Name: \_\_\_\_\_ Business License #: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Work # \_\_\_\_\_ Email: \_\_\_\_\_

**SUB-CONTRACTOR INFORMATION:**

|            | COMPANY NAME | MAILING ADDRESS | PHONE # |
|------------|--------------|-----------------|---------|
| ELECTRICAL |              |                 |         |
| MECHANICAL |              |                 |         |
| PLUMBING   |              |                 |         |
| OTHER      |              |                 |         |
| OTHER      |              |                 |         |

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 Building Commissioner or his/her authorized agent or representative shall have the authority to enter areas covered by such permit at any reasonable hours to enforce the provision of the code(s) applicable to such permit. I certify that, together with the plans and specifications submitted to this jurisdiction, this application shows a true representation of the work to be accomplished under the permit. It is understood that any deviations from the original documents, unless approved by the Code Official in written amendment to this permit, will render this permit invalid. The undersigned further agrees to comply with all City of Pacific building and zoning laws and regulations pertaining to the work and agrees at any time to make all changes required by the Building Commissioner or his authorized representative necessary to comply with these laws. I further understand and agree that issuance of a permit for this work grants no property interest of any kind and shall not be construed as authority to violate, cancel or set aside any of the provisions of the building and zoning laws and regulations of the City of Pacific or any other applicable code or regulation of the City.

**X** \_\_\_\_\_  
Signature of Owner

**X** \_\_\_\_\_  
Signature of Applicant/Agent (if different from owner)

**\*\* OFFICE USE ONLY \*\***

**BUILDING REVIEW**

PERMIT #: \_\_\_\_\_ CONST. TYPE: \_\_\_\_\_ GARAGE: \_\_\_\_\_  
PARCEL #: \_\_\_\_\_ HOUSE SF: \_\_\_\_\_ EST. COST: \_\_\_\_\_  
USE GROUP: \_\_\_\_\_ FB/UFB: \_\_\_\_\_ PRMT COST: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_  
DATE REVIEWED: \_\_\_\_\_ REVIEWED BY: \_\_\_\_\_

**ZONING REVIEW**

ZONING: \_\_\_\_\_ REAR: \_\_\_\_\_ LOT SIZE SF: \_\_\_\_\_ AC: \_\_\_\_\_ FLOOD: YES  NO   
FRONT: \_\_\_\_\_ SIDE: \_\_\_\_\_ # P/SPACES: \_\_\_\_\_ FP ZONE: \_\_\_\_\_  
DATE REVIEWED: \_\_\_\_\_ REVIEWED BY: \_\_\_\_\_