# 1 & 2 FAMILY DWELLINGS APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

City of Lake Ozark, MO Community Development



			SITE/ PROPERTY	Y INFOR	RMATION	<b>V</b>		
App. Date:	Street Address:						Lot Number:	
Subdivision:			Zoning: Construction		Cost: \$			
			OWNER(S) IN	FORMA	ATION			
Name:				Address:				
City: State:			State:	Zip: Phone #: (		)		
Email Address:								
			CONTRACTOR	INFORM	MATION			
Company Name:				Address	s:			
Contact Name:				License	#:			
City:		State:	Zip: Phone #: (		Phone #: (	)		
REQUIRED INFORMATION								
<u>Residential Use</u>			<u>UTILITIES</u>					
IRC Single Family		Public Water (Y/N)			Septic Tank Size Lateral Length lf			
IRC Two Family		Public Sewer (Y/N)			Type of Heating Fuel:			
IRC Townhouse		Water Service Size:		Total Electric Service:A		_ AMPS		
Street Frontage (ft)			Stories (#)			Lot Area (Sq. 1	ît)	
Front Setback (ft)			Bedrooms (#)			Total building Area (Sq. ft)		
Rear Setback (ft)		Full Baths (#)				Living Area (Sq. ft)		
Right Setback (ft)		Partial Baths (#)				Basement Area		
Left Setback (ft)		Fireplaces (#)				Garage Area (S		
Height Above Grade		Outside Parking (#)				Existing Structures (Sq. ft)		
Fnd/Slab Height Above Street (i	n)	Enclosed Parking (#)				Exterior Dimer Footprint	nsions of Building	
I hereby certify that I am the own been authorized by the owner to r addition, if a permit for work des shall have the authority to enter an I also understand that I, along with Building code requirements of the fees or fines as outlined in the reg	nake thi cribed i eas cov h all par e City o	is applicanthis appered by series invo	ation as his/her authorized plication is issued, I cert such permit at any reason plyed, are responsible for brank. Failure to meet the	d agent and tify that the table hour to assuring the ese requirer	I agree to co Code Offici o enforce the at all necessa	onform to all appli al for the Code O provisions of the ary inspections are	cable laws of this ju fficial's authorized code(s) applicable to scheduled in accord	urisdiction. In representative o such permit. dance with the
Signature of Applicant			Address			Phone #	Γ	Date
Responsible Person in charge of Work, Title						Phone #	I	Date

#### **ELECTRICAL**

Total Service:	Number of Circu	its:		Number of Electr	ical Outlets:
AMPS	2 Wire	3 Wire	4 Wire	220 Volt	110 Volt
	•				

Power Devices	#	Output / Load	Power Devices	#	Output / Load
1			7		
2			8		
3			9		
4			10		
5					
6			Total Load Calculation		

## **PLUMBING & MECHANICAL**

Fixtures	#	Fixtures	#	Mechanical Units	#	Mechanical Units	#
Tubs / Showers		Water Heaters		Forced Air Furnace		Electric Furnace	
Lavatories		Water Softeners		Gravity furnace		Kitchen Exhaust Hood	
Toilets		Grinder Pumps		Coil Unit		Air Cleaner	
Sinks		Sump Pumps		Window A/C Unit		Central Vac System	
Washer Standpipe		Backflow Preventer		Split System A/C		Solid Fuel Appliance	
Dishwasher		Fire Sprinklers (#)		A/C Compressor		Space Heaters	
Disposal		Hose Bibbs (#)		Air Handling Unit		Gas	
Floor Drains		Other		Heat Pump		Other	

## **ADDITIONAL INFORMATION**

Description:	

### A Site Plan clearly indicating the following shall be submitted:

Property/ Lot Boundaries, Dimensions, Location of Structures, Easements, Streets bordering property, North Symbol, Setback Distances and any other pertinent information necessary for a complete plan review.