1 & 2 FAMILY DWELLINGS
APPLICATION FOR PLAN EXAMINATION
AND BUILDING PERMIT
City of Lake Ozark, MO
Community Development

LAKE OZARK

SITE/ PROPERTY INFORMATION			
App. Date:	Street Address:		Lot Number:
Subdivision:		Zoning:	Construction Cost: $
OWNER(S) INFORMATION			
Name:		Address:	
City:	State:	Zip:	Phone #: ( )
Email Address:			
CONTRACTOR INFORMATION			
Company Name:		Address:	
City:	State:	Zip:	Phone #: ( )
Contact Name:		License #:	

REQUIRED INFORMATION

Residential Use	**UTILITIES**	
_____ 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: _____ AMPS

Street Frontage (ft)		Stories (#)		Lot Area (Sq. ft)	
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 (Sq. ft)	
Left Setback (ft)		Fireplaces (#)		Garage Area (Sq. ft)	
Height Above Grade		Outside Parking (#)		Existing Structures (Sq. ft)	
Fnd/Slab Height Above Street (in)		Enclosed Parking (#)		Exterior Dimensions of Building Footprint	

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/her 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 for 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.

Signature of Applicant Address Phone # Date

Responsible Person in charge of Work, Title Phone # Date

ELECTRICAL

Total Service:	Number of Circuits:	Number of Electrical 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.