Master Plan #_____

Permit Fee $ _____

Building Permit Application

Jefferson County Code Enforcement
PO BOX 100 / 725 Maple Street
Hillsboro, MO 63050
Phone: 636-797-5310
Fax: 636-797-5077

Permit: _____ _____ **Int.**

Date: _____

PROJECT INFORMATON & LOCATION:

Project Type: ☐ Residential ☐ Multi-family ☐ Commercial **Construction Cost: $** _____

Structure Type: ☐ New Building ☐ Existing Building ☐ Temporary Structure **Premise #** _____

Brief description of work _____

Project Address _____ City _____ Zip code _____

Parcel # _____ Subd. _____ Lot _____

OWNER INFORMATION:

Owner _____
Name Phone #

Owner Address _____
Street Address City State Zip Code

Tenant or Business Name _____ ☐ Existing ☐ New

DESCRIPTION OF STRUCTURE:

Dwelling Space _____ Sq. Ft. Width_____ Length _____ Stories _____

Bedrooms _____ Bathrooms _____ Basement _____Sq. Ft. Width _____ Length _____

Garage _____Sq. Ft. Width _____ Length _____ Septic or Public Sewer _____

IS THE PROPERTY LOCATED IN ANY AREA OF SPECIAL FLOOD HAZARD? YES ☐ **NO** ☐

NOTICE: The disposal of demolition waste is regulated by the Department of Natural Resources under Chapter 260,RSMo. Such waste, in types and quantities established by the department, shall be taken to a demolition landfill or a sanitary landfill for disposal.
I understand if the information I have given above is not true, my permit may be revoked by the Jefferson County Code Enforcement, and I agree to abide by, and comply with, the conditions of all Building regulations and the Sewage Ordinance.

THIS STRUCTURE SHALL NOT BE OCCUPIED AND/OR USED UNTIL A FINAL INSPECTION HAS BEEN APPROVED. FAILURE TO COMPLY WILL RESULT IN THE **DISCONNECT OF ALL APPLICABLE UTILITIES**, STOPPAGE OF WORK AND POSSIBLE LEGAL ACTION!

Signature page is required before a permit will be issued. Home owner / General Contractor and Licensed Electrical, Mechanical, Plumbing & Sewer Contractors. I hereby certify that the owner(s) of record authorizes the proposed work and I have been authorized by the owner(s) to make this application as their agent. Inspections must be requested 24 hours in advance.

(PDLO DGGUHVV BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB

Applicant _____ Phone #_____ Date _____