

APPLICATION FOR CONSTRUCTION PERMIT

RALLS COUNTY,
MISSOURI
PLANNING & ZONING

CONSTRUCTION PERMIT # _____

PLEASE PRINT CLEARLY

DATE _____

OWNER(S) NAME _____ PHONE # _____

MAILING ADDRESS _____

PROJECT ADDRESS _____

Parcel ID (required) _____

Estimated Value of Structure: _____

This is an application for:

- _____ 1. Erection or construction of a new structure
- _____ 2. Enlargement, alteration, or reconstruction of an existing structure
- _____ 3. Movement or relocation of an existing structure

Type of structure:

- | | | |
|---|---------------------------------|---------------------------|
| _____ A. Single family residence | _____ B. Multi family residence | |
| _____ C. Single mobile home | _____ D. Modular home | _____ E. Mobile home park |
| _____ F. Accessory building (or garage) | _____ G. Subdivision | _____ H. Ag Building |
| _____ I. Commercial structure | _____ J. Industrial structure | _____ K. Carport |

_____ 4. Construction of a new sewage disposal sysem in accordance with Ralls County On-Site Sewage System Ordinance

_____ 5. Change in the physical use of land
Current use _____
New use _____

_____ 6. Change in the physical use of an existing structure
Type of structure (see above list) _____
Current use _____
New use _____

_____ 7. Other _____

Please continue application on reverse side - - - >

I (We) have included the following information as required by the Zoning Enforcement Officer to make a determination on this Application for Construction Permit -

<u>Required</u>	<u>Included</u>	
YES	_____	Construction plans for all proposed structures (on 8-1/2 x 11 paper)
		<u>Site Plan with -</u>
YES	_____	Dimensions of the piece of land and total acreage
YES	_____	Descriptions, dimensions, and locations of all existing structures
YES	_____	Descriptions, dimensions, and locations of all proposed structures
YES	_____	Total square feet of basement, first floor, second floor
_____	_____	Locations of all electrical utility systems / supply lines
_____	_____	Locations of all water supply systems / supply lines
YES	_____	Locations of all sewage disposal / treatment systems / sewer lines
_____	_____	Locations of all drainage systems
_____	_____	Locations of all waste disposal systems
YES	_____	Traffic patterns with highway access, parking areas, and driveways
_____	_____	Neighboring land, water, and air uses
_____	_____	Elevations of all utilities in Flood Plain Overlay District (See FP Admin)
_____	_____	Elevations of all structures in Flood Plain Overlay District (See FP Admin)
_____	_____	Statement of impact upon surrounding environment
YES	_____	How many Bathrooms?
YES	_____	How many Bedrooms?
YES	_____	Copy of Sewer Construction Application and Permit obtained from Ralls County Health Dept.
_____	_____	Other _____

I (We) certify that all the information provided on, and included with, this Application for Construction Permit is complete, accurate and truthful. I (We) understand that if any of this information is found to be incomplete, inaccurate, or fraudulent that this Application for Construction Permit will be denied. I (We) agree to pay all costs associated with processing this Application for Construction Permit.

Signature of Applicant #1 _____

Signature of Applicant #2 _____

Owner(s) Signature (If Other Than Applicant) _____