

| Permit Number: | |
|-----------------|--|
| Date Submitted: | |
| Date Printed: | |

COMMERCIAL BUILDING PERMIT APPLICATION

- Allow 48 hours for permit processing. Permits are picked up and paid for in the Utilities Department.
- Before beginning any excavation, contact Missouri One Call at 1-800-344-7483 to locate underground utilities.
- Issuance of Permit does not guarantee approval of project or confer approval of any named contractor.
- Issuance of Permit does not grant right to owner/contractor to violate any City, State or Federal law Including adopted codes.
- Questions? Contact City of Bolivar Building Inspector, Kyle Lee: 417-328-5826, klee@bolivar.mo.us

I certify the following information provided is accurate to the best of my knowledge and accurately represents the proposed work to be done. I understand this application must be fully completed, including all signatures and cost of construction, before a permit will be issued. I further understand that the City will not issue a permit if any contractor is unlicensed.

In addition, I understand this permit application shall be deemed expired 180 days after the date of filing unless such application has been pursued in good faith or a permit has been issued. The Building Official, at his discretion, is authorized to grant an extension to this application. However, a request for an extension must be submitted in writing prior to the expiration date. This is the only notice I will receive for the renewal of the application and keeping the application valid is my responsibility.

| Ар | Applicant Name: | | | | | | | | | |
|-----------|---|--|------|--|--|--|--|--|--|--|
| | please print ple | ase sign | date | | | | | | | |
| Pro | Project Contact Person: | Address: | | | | | | | | |
| Pro | Project Contact Phone: | _ Email: | | | | | | | | |
| Pro | Property Owner: M | ailing Address: | | | | | | | | |
| Pro | Property Owner Phone: | Email: | | | | | | | | |
| | DESCRIPTION OF WORK | | | | | | | | | |
| | The City of Bolivar has adopted the following building codes: 2015 ICC suite(IBC, IFC, IPC, IMC, IFGC etc.) 2008 NEC. Three (3) wet-sealed sets of construction documents prepared by a State of Missouri registered architect and/or engineer are required with this application for all commercial construction, including remodels and infills. Allow a minimum two (2) weeks for document review. (Two (2) hard copies of design documents and 1 digital shall meet this requirement.) In addition to the requirements of the codes listed above, a secure key box is required for all commercial construction. Please contact the Bolivar City Fire Department for acceptable product and location 417-328-5853. | | | | | | | | | |
| | TYPE OF CONSTRUCTION, check all that apply: | | | | | | | | | |
| | [] New Commercial Building [] Remodel | | | | | | | | | |
| | | [] New Three-Family Dwelling [] Other New Multi-Family Dwelling, please specify number of units: | | | | | | | | |
| | | [] Temporary Job Trailer [] Parking Lot [] Driveway Apron | | | | | | | | |
| پي | [] Infill Construction, please specify name and type of business: | | | | | | | | | |
| STRUCTURE | [] Accessory Structure, please specify: | | | | | | | | | |
| ္ဘ | [] <u>Demolition:</u> What type of structure is planned to be o | [] <u>Demolition:</u> What type of structure is planned to be demolished? New roofing material? | | | | | | | | |
| ST | Will construction occur holow the finish roo | | | | | | | | | |
| | Will construction occur below the finish roofing material? [] Yes [] No If Re-roofing, over existing roof material, total number of layers when completed? [] 1 []2 []3+ | | | | | | | | | |
| | [] Other, please specify: | | | | | | | | | |
| Ī | PERMITS NEEDED, check all that apply: | | | | | | | | | |
| Ì | [] Structural [] Mechanical [] Electrical | [] Plumbing [] Fire Protection | | | | | | | | |
| Ī | SIZE OF CONSTRUCTION: | | | | | | | | | |
| | Square footage of entire structure as it exists (include all | | | | | | | | | |
| | Total Square foot of project under roof: (Include all floors, basement, porches, garages etc.) | Estimated cost of construction: | | | | | | | | |
| | Water Meter Size/s: | Water Meter Count: | | | | | | | | |

| | Fences may not be located in drainage easements. Fences may be located in utility easements. However, if the easement needs to be accessed, the fence shall be removed at the owner's expense. For Fence height and other requirements please refer to the "Citizen's Guide" on Fences. Copies are available at City Hall. | | | | | | | | |
|---|---|---------------------------------|-------------------------|-------------------------------------|------------|------------------------|---------------|--|---------------------|
| FENCE | Fence Ma | ation on Pro terial: [] | perty: Wood | | d []S | hain-link | [] Oth | er, please | specify: |
| | No sign, including banners, shall be located in the right-of-way or the sight triangle. | | | | | | | | |
| | Sign Type Check all that apply: | | | | | | | | |
| SIGN | [] Ground [] Wall * [] Temporary Ground [] Banner [] Portable [] Pole [] Other, please specify: * Wall sign – Total wall square footage: | | | | | | | | |
| | Quantity: | | Size: | | Hei | ght above | ground: | | |
| | Will the si | gn have elec | trical service | e: [] Yes | [] No | <mark>Estimated</mark> | cost of const | ruction: | |
| | | | | | | 200 | | | |
| | | | | | ONTRACTO | JKS | | | |
| | | | | r City Business I novating pre-1 | | ction must | he FPA Lead-S | afe Certifie | od. |
| | NERAL | | | | | | | | Safe: [] Yes[] No |
| | | | | | | | | | se #: |
| EL | ECTRICAL | | | Phone Number: | | | | | |
| | | | | | | | | | se #: |
| PL | UMBING | _ | | Phone Number: | | | | _ Lead-Safe: [] Yes[] No License #: | |
| | | | | Licensed: []Yes []No | | | | | |
| М | ECHANICAL | Name: _ | | Phone Number: | | | Lead- | | |
| | | Address: Licensed: []Yes []No | | | | o Licens | License #: | | |
| SIG | GN/FENCE | | | Lead- | | | | | |
| | | Address: _ | | Licensed: []Yes []No | | | o Licens | se #: | |
| | | | | OF | FICE USE C | NLY | | | |
| Pa | rcel Number: | | | | | | | | |
| Su | bdivision: | | | | | Block | : | Lo | ot: |
| Zoning District: | | | Flood Zone: Required Pa | | Parking: _ | | | | |
| | | | | ype of Street: | | | | | |
| | | | Left Side: | | | | | | |
| | - | | | | | | | | Rear: |
| Easements: | | | | | | | | | |
| Notes: | | | | | | | | | |
| Lanascaping. 1 iv Stormwater Detention. 1 iv Frans & Specifications submitted. 1 iv | | | | | | | | | |