

Attachment 25

Required Permits



APPLICATION FOR MASTER CONSTRUCTION PERMIT

CITY OF FARMINGTON, MISSOURI

PERMIT NO. _____

LOT _____ ZONING _____

PROJECT ADDRESS / LOCATION _____

APPLICANT NAME _____ PHONE _____

APPLICANT ADDRESS _____

PROPERTY OWNER(S) _____ PHONE _____

PROPERTY OWNER ADDRESS _____

GENERAL CONTRACTOR _____ PHONE _____

GENERAL CONTRACTOR ADDRESS _____ CITY LICENSE # _____

MECHANICAL CONTRACTOR _____ CITY LICENSE # _____

ELECTRICAL CONTRACTOR _____ CITY LICENSE # _____

PLUMBING CONTRACTOR _____ CITY LICENSE # _____

FIRE PREVENTION CONTRACTOR _____ CITY LICENSE # _____

DESIGN PROFESSIONAL OF RESPONSIBLE CHARGE _____

DESIGN PROFESSIONAL ADDRESS _____ PHONE _____

PROJECT DESCRIPTION _____

CONST. TYPE _____ USE GROUP _____ OCCUPANT LOAD _____ CONST. VALUE \$ _____

TYPE OF WORK

☐ NEW
☐ ADDITION
☐ ALTERATION
☐ CHANGE OF USE
☐ MANUFACTURE/ MODULAR
☐ OTHER _____

HEIGHT AND AREA

BUILDING AREA _____ SQFT
LENGTH _____ FT
WIDTH _____ FT
HEIGHT _____ FT
STORIES _____

RESIDENTIAL UNIT TYPE

☐ SINGLE-FAMILY
☐ TWO-FAMILY
☐ MULTI-FAMILY

NEW OR REQUESTED UTILITIES

WATER SERVICE _____ INCH
SEWER SERVICE _____ INCH
ELECTRIC SERVICE _____ AMP

ELECTRIC SERVICE

☐ OVERHEAD
☐ UNDERGROUND

FIRE PROTECTION SYSTEM

☐ FIRE EXTINGUISHERS
☐ SPRINKLERS
☐ SMOKE ALARMS
☐ HOOD SYSTEM
☐ FIRE ALARM
☐ OTHER _____

NUMBER OF PARKING SPACES

OFF-STREET _____
ON-STREET (DOWNTOWN) _____
COMPACT _____
STANDARD ACCESSIBLE _____
VAN ACCESSIBLE _____
TOTAL _____

I CERTIFY THAT I AM THE OWNER IN FEE OR AGENT AUTHORIZED TO APPLY FOR THE BUILDING PERMIT. IN ADDITION, I CERTIFY THAT I AM AUTHORIZED TO APPLY FOR THE ABOVE LISTED TRADE PERMITS ON BEHALF OF THE LISTED LICENSEES. I UNDERSTAND THAT THE SUBMITTAL OF INCOMPLETE PLANS OR FAILURE TO COMPLETE THIS APPLICATION IN ITS ENTIRETY MAY RESULT IN THE DELAY OF PLAN REVIEW AND PERMIT APPROVAL.

SIGNATURE: _____ DATE: _____



APPLICATION FOR
DEMOLITION/EXCAVATION PERMITS
CITY OF FARMINGTON, MISSOURI

PERMIT NO. _____

ADDRESS/LOCATION _____ ZONING _____

SUBDIVISION _____ LOT _____ BLOCK _____

APPLICANT NAME _____ PHONE _____

APPLICANT ADDRESS _____

OWNER(S) _____ PHONE _____

OWNER ADDRESS _____

CONTRACTOR _____ PHONE _____

CONTRACTOR ADDRESS _____ CITY LICENSE # _____

DESIGN PROFESSIONAL _____ PHONE _____

DESIGN PROFESSIONAL ADDRESS _____

TYPE OF WORK _____ DEMOLITION _____ EXCAVATION (STREET CUT)

DESCRIPTION OF WORK _____

ATTACH OR DRAW ON THE BACK, A SITE PLAN SHOWING THE LOCATION AND DIMENSIONS OF ALL PROPERTY LINES, UTILITIES, RIGHT-OF-WAYS, EASEMENTS, EXISTING STRUCTURES, PROPOSED LOCATION OF WORK AND ANY OTHER PERTINENT INFORMATION. CONSTRUCTION DOCUMENTS ARE NOT REQUIRED TO BE PREPARED BY A DESIGN PROFESSIONAL FOR WORK OF A MINOR NATURE, AS DETERMINED BY THE BUILDING INSPECTOR.

SIGNATURE _____ DATE _____



**APPLICATION FOR AN ACCESSORY BUILDING
ACCESSORY BUILDING OR STRUCTURE PERMIT
CITY OF FARMINGTON, MISSOURI**

PERMIT NO. _____

PARCEL NO. _____ ZONING _____

ADDRESS/LOCATION _____

SUBDIVISION _____ LOT _____ BLOCK _____

APPLICANT NAME _____ PHONE _____

APPLICANT ADDRESS _____

OWNER(S) _____ PHONE _____

OWNER ADDRESS _____

CONTRACTOR / INSTALLER _____ PHONE _____

CONTRACTOR / INSTALLER ADDRESS _____ CITY LICENSE # _____

DESIGN PROFESSIONAL _____ PHONE _____

DESIGN PROFESSIONAL ADDRESS _____

PROJECT DESCRIPTION _____

DIMENSIONS

____ AREA (SQFT)
____ LENGTH
____ WIDTH
____ HEIGHT

TYPE OF BUILDING

____ GARAGE
____ SHED
____ PORTABLE BUILDING
____ PORTABLE CARPORT

IN CONJUNCTION WITH

____ RESIDENTIAL
____ COMMERCIAL
____ INDUSTRIAL
____ OTHER _____

ATTACH OR DRAW ON THE BACK, A PLOT PLAN SHOWING THE LOCATION AND DIMENSIONS OF ALL PROPERTY LINES, SETBACKS, UTILITIES, RIGHT-OF-WAYS, EASEMENTS, EXISTING STRUCTURES, PROPOSED STRUCTURES, AND ANY OTHER PERTINENT INFORMATION DEEMED NECESSARY BY THE CODE OFFICIAL. STRUCTURAL DETAILS MAY ALSO BE REQUIRED.

SIGNATURE _____ DATE _____



**APPLICATION FOR
MECHANICAL, ELECTRICAL OR PLUMBING**
CITY OF FARMINGTON, MISSOURI

PERMIT NO. _____

ADDRESS/LOCATION _____ ZONING _____

SUBDIVISION _____ LOT _____ BLOCK _____

APPLICANT NAME _____ PHONE _____

APPLICANT ADDRESS _____

OWNER(S) _____ PHONE _____

OWNER ADDRESS _____

CONTRACTOR _____ PHONE _____

CONTRACTOR ADDRESS _____ CITY LICENSE # _____

DESIGN PROFESSIONAL _____ PHONE _____

DESIGN PROFESSIONAL ADDRESS _____

TYPE OF WORK _____ MECHANICAL _____ ELECTRICAL _____ PLUMBING

DESCRIPTION OF WORK _____

SUBMIT AT LEAST TWO COPIES OF ALL REQUIRED PLANS. CONSTRUCTION DOCUMENTS ARE NOT REQUIRED TO BE PREPARED BY A DESIGN PROFESSIONAL FOR WORK OF A MINOR NATURE, AS DETERMINED BY THE BUILDING INSPECTOR, OR FOR WORK IN ONE AND TWO FAMILY DWELLINGS.

SIGNATURE _____ DATE _____