



# City of Truman Building Permit/Application

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Permit # \_\_\_\_\_

## -----Applicant Complete Information Below-----

Project Address: \_\_\_\_\_ or PID# \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Building Contractor \_\_\_\_\_ License # \_\_\_\_\_ Phone: \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ License # \_\_\_\_\_ Phone \_\_\_\_\_

Mechanical Contractor \_\_\_\_\_ License # \_\_\_\_\_ Phone \_\_\_\_\_

Proposed Use (check one) Dwelling Private Garage Deck Home Addition

Pole Building Finish Basement 3 Season Porch Business/Commercial

Fireplace Siding Furnace Water Heater Other

Description of Project: \_\_\_\_\_

\_\_\_\_\_ Dimensions: \_\_\_\_\_

Use and Occupancy: \_\_\_\_\_ Type of Construction: \_\_\_\_\_

Estimated Value: \$ \_\_\_\_\_ Lot Size/Dimensions: \_\_\_\_\_

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commence3d. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## -----City Use Only-----

**Planning:** Zoning District: \_\_\_\_\_ Minimum Setbacks Required: Front \_\_\_\_\_

Side \_\_\_\_\_ Rear \_\_\_\_\_ Road Right of Way \_\_\_\_\_ Other \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Subject to the following conditions: \_\_\_\_\_

**Building:** Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Subject to the following conditions: \_\_\_\_\_

**Public Works:** Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Subject to the following conditions: \_\_\_\_\_

## -----Fees-----

Building Permit: \_\_\_\_\_ Plan Review: \_\_\_\_\_ State Surcharge: \_\_\_\_\_

Plumbing Permit: \_\_\_\_\_ Plan Review: \_\_\_\_\_ State Surcharge: \_\_\_\_\_

Mechanical Permit: \_\_\_\_\_ Plan Review: \_\_\_\_\_ State Surcharge: \_\_\_\_\_

Other: \_\_\_\_\_

Sub Totals: \_\_\_\_\_

**Total due:** \_\_\_\_\_

Date Issued: \_\_\_\_\_ Issued By: \_\_\_\_\_ Receipt # (if applicable) \_\_\_\_\_