CITY OF ST JOSEPH

BUILDING PERMIT APPLICATION

INSPECTIONS: 816-271-4751, 24 HOUR NOTICE FOR INSPECTIONS

	DATE: VALUE OF PROJECT:		
	CONTRACTOR NAME & PHONE NUMBER:		
	HOME OWNER & PHONE NUMBER:		-
	PROJECT ADDRESS:	COMMERCIAL	RESIDENTAL
	WORK DESCRIPTION:		
	ADDITIONAL PERMITS REQUIREDUMPSTER / TREE	ES: ELECTRICAL / MECHANICAL / PLUMBINO	G / SIDEWALK & ACCESS (DRIVEWAY) /
	•	SHALL BECOME INVALID IF THE AUTHORIZED WORK IS N SUSPENDED OR ABANDONED FOR A PERIOD OF SIX MO	NOT COMMENCED WITHIN SIX MONTHS AFTER ISSUANCE OF ONTS AFTER THE TIME OF COMMENCING THE WORK.
	MAL SERVICEABLE FLOOR ELEVATION: IT ICEABLE FLOOR ELEVATION FOR SEWER.	IS THE APPLICATN'S RESPONSIBILITY TO ENSURE THAT T	HE BASEMENT FLOOR ELEVATION IS ABOVE THE MINIMAL
THIS	BUILDING PERMIT DOES NOT GUARANTE SERVICE OF A REGISTERED LAND SURVEYO	E PROPERTY LINE LOCATION OR SETBACK REQUIREMENT	THE APPLICATION FOR BUILDING PERMIT. ISSUANCE OF TS FOR THE STRUCTURE. THE OWNER MAY WISH TO SECURE THE OWNER OR OWNER'S REPRESENTATIVE THE ABOVE BLE CODES, ORDINANCES, AND LAWS.
	APPLICANT SIGNATURE	DAT	

Permission is hereby granted to perform the work included in this application. This permit shall not be construed to permit and violation of any laws or ordinances. If the application is found to be willfully fraudulent, you may be fined up to \$500 and your permit fee will be doubled per City Code of Ordinances Chapter 7, Section 7-404.