

JASPER COUNTY HEALTH DEPARTMENT
OFFICE OF ENVIRONMENTAL HEALTH

PERMIT NO. _____

Legal description: ____1/4, ____1/4, ____S, ____T, ____R

BUILDING PERMIT APPLICATION

(Applicant Must Complete)

Owner Name _____

Daytime Phone _____ Email Address _____

New 911 Address _____ City _____ State _____ Zip _____

Current Mailing Address _____ City _____ State _____ Zip _____

Builder Name _____ Daytime Phone _____

Builder's Email Address _____

Subdivision Name _____ Lot # _____ (if applicable)

Lot Dimensions: _____ length _____ width **-OR-** Number of Acres _____

List all other structures located on the property: _____

PROPERTY - Directions to Site (Include Road numbers): _____

Value of Construction \$ _____ Electric Co. Providing Service _____

TYPE OF OCCUPANCY (check one):

RESIDENCE: _____ Number of Bedrooms _____

COMMERCIAL: _____ Type _____ No. of Persons Served _____

AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT MUST BE ISSUED AT THE SAME TIME. PERMIT NO. TO BE WRITTEN AT THE TOP OF THIS APPLICATION UPON APPROVAL. THIS FORM THEN BECOMES THE BUILDING PERMIT.

****Return completed form including a copy of the property deed, tax receipt, or survey and the \$50.00 Building Permit Application Fee to:**

Jasper County Health Department
105 Lincoln Street Carthage, MO 64836
Phone (417) 358-0481 Email:lpippin@jaspercountymmo.gov

Owner Signature _____ Date _____

I certify that to the best of my knowledge the information contained on this form is correct and that the proposed work will be completed in accordance with local code regulations.

FOR OFFICE USE ONLY

Date Received: _____ Money Received: _____ Ck# _____ Receipt # _____

Wastewater Treatment System Permit No. _____

Date / Initials:

Information Obtained From:

_____ In a Flood Plain . . . ☐ Yes ☐ No

Comments: _____

Date / Initials:

Information Obtained From:

_____ In a Mining Area . . . ☐ Yes ☐ No

Comments: _____

Date/ Initials:

Information Obtained From:

_____ Unincorporated Urban Areas . . . ☐ Yes ☐ No

Disturbing 1 acre or more . . . ☐ Yes ☐ No

Comments: _____

E911 Address Verified . . . ☐ Yes ☐ No

Building Permit Approved . . . ☐ Yes ☐ No

By: Date / Initials: _____

Comments: _____

Signed: _____ Title: _____

Jasper County Health Department

Revised 2/5/2025