

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

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 \_\_\_\_\_

**-OR- COMMERCIAL:** \_\_\_\_\_ Type \_\_\_\_\_ No. of Persons Served \_\_\_\_\_

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.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

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: [bvinzant@jaspercountymo.gov](mailto:bvinzant@jaspercountymo.gov)**

(AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT MUST BE ISSUED AT THE SAME TIME)