



New One and Two Family Dwellings

Building Permit Application

Building and Site Development, City of Columbia

701 East Broadway, 3rd Floor, Columbia, Missouri 65201

Phone: 573-874-7474 Fax: 573-874-7283 TTY: 573-874-7251

Building Address:		Permit #:		
Legal Description:		Construction Valuation HOME ONLY (not incl land/lot/permit fee)		
Proposed Use: (Ck One) <input type="checkbox"/> Townhouse <input type="checkbox"/> Single family detached <input type="checkbox"/> Duplex <input type="checkbox"/> Accessory Dwelling Unit		<div style="border: 2px solid orange; width: 150px; height: 20px; margin: 0 auto;"></div>		
Contractor Information:		Building Owner Information:		
Name:		Name:		
Address:		Address:		
City / State / Zip		City / State / Zip		
Email Address (REQUIRED)		Email Address (REQUIRED)		
Telephone #	Fax #	Telephone #	Fax #	
Additional Documentation REQUIRED with every application:				
* Plot Plan with house SCALED on it and all dimensions with setbacks				
* Roof plan showing the solar ready zone with pathway for rooting of conduit to the electric service panel. The panel is required to have reserved space for double pole circuit breaker marked "for future solar electric". Roof plan will be part of required permanent certificate.				
* Approved energy-alternative if not using the attached Residential Energy Code Requirements Diagram				
SUBCONTRACTORS				
ELECTRICAL		PLUMBER		
MECHANICAL (HVAC)		FUEL GAS		
MECHANICAL (FIREPLACE)		OTHER		
BUILDING AREAS				
MAIN FLOOR HABITABLE SQ FT	SECOND STORY SQ FT:	GARAGE SQ FT:	# FLOORS:	# BEDROOMS:
UNFINISHED BSMT SQ FT	FINISHED BASEMENT SQ FT:	COVERED PATIO SQ FT:	DECK SQ FT:	LOT AREA:
BUILDING SETBACKS	FRONT:	SIDE (1):	SIDE (2):	REAR:
WALL HEIGHT	BASEMENT:	MAIN LEVEL:	UPPER LEVEL (1):	UPPER LEVEL (2):
FOR OFFICE USE ONLY				
R35B	USB	UFB	TOTAL FINISHED AREA	TOTAL BUILDING AREA
FLOOD ZONE	PERMIT TYPE	ZONING	CONSTRUCTION TYPE	CALCULATED VALUE

PLEASE FILL IN 2ND SHEET AND SIGN

PLUMBING					
FIXTURE COUNT			MISCELLANEOUS		
Water Closets / Urinals		Water Meter Sizes:			
Lavatories (Bathroom Sink)		Back-Flow Device:			
Tubs / Showers		# Sewer Taps:			
Sinks (Kitchen, Bar, Janitor, Laundry)		# Floor Drains:			
Dishwashers					
Laundry Connection					
Water Heaters					
TOTAL # OF FIXTURES					
ELECTRICAL		MECHANICAL		FUEL GAS	
Service Size:		Type of Heat:		Fuel Gas Valuation	\$
# Circuits:		HVAC Valuation:	\$		
# Heating Circuits:		Fireplace Valuation:	\$		
Temp. Requested:					
Using Energy Alternative? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:					
BUILDING SPECIFICATIONS					
Foundation Type: <input type="checkbox"/> Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab <input type="checkbox"/> Other					
		Footings:		Foundation:	
		Footing Material		Wall Material	
		Depth (30" min)		Wall Thickness	
		Width:		Wall Height	
		Spread Footing Thickness			
	Size	Spacing	Clear Span	Interior Finishes	
Floor Joists		o.c.		Exterior Finishes	
Ceiling Joists		o.c.		Attic:	<input type="checkbox"/> No Attic Storage
Roof Rafters		o.c.			<input type="checkbox"/> Limited Attic Storage
Interior Studs		o.c.	Garage Floor Design:	<input type="checkbox"/> Suspended Over Basement <input type="checkbox"/> Poured on Existing or Fill Ground	
Exterior Studs		o.c.			
Anchor Type & Length used to attach sill plate to foundation: Type: (circle one) Wedge / Cast in place / Titen HD / Other _____ Length: <input style="width: 50px;" type="text"/> Diameter: <input style="width: 50px;" type="text"/>					
NOTE: PERMIT VALID FOR 6 MONTHS. If no inspections are done for more than an 6 month period of time the permit will be required to be renewed.					
I hereby acknowledge that I have read this application and state that the above is correct and I agree to comply with the City Ordinances and State Laws regulating building construction. I understand that a C.O. must be issued before the building may be occupied.					
General Contractor Name (Printed)			General Contractor (Signature)		
Approved by:			Date:		