



MISCELLANEOUS BUILDING PERMIT APPLICATION

PO Box 395, 715 W. Mt. Vernon
Nixa MO 65714
417-725-5850 Fax 417-724-5750

Application Date _____

Permit # _____

PROPERTY INFORMATION

Property Address _____ Zoning _____

Subdivision _____ Phase _____ Lot # _____

OWNER INFORMATION

First Name _____ Last Name/Business Name _____

Mailing Address/City/State/Zip: _____

Phone: _____ Email _____

CONTRACTOR INFORMATION

Name _____ Company Name: _____

Mailing Address/City/State/Zip: _____

Phone: _____

Permit Type: (Please indicate what type of work is being done)

Estimated Value of Improvement: \$ _____

This amount is required to determine cost of permit

I hereby certify that the answers and other information on this application are true and correct and I have read and understand the above procedures and requirements as they pertain to city building regulations and by signing this form, acknowledge compliance with these rules.

Printed Name: _____

Signature of Applicant : _____

Date: _____

For Office Use Only

Approved by:

Building Inspector _____ Date: _____

Notes:

City Planner: _____ Date: _____

Notes:

Fees: **\$0.00 to \$1,000 = \$20.00**
 \$1,001 to \$4,999 = \$20.00 + \$4.00 per \$1,000 up to \$4,999
 \$5,000 and up = \$36.00 + \$2.00 per \$1,000 above \$5,000

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Total Fees Due: \$ _____ **Fees Figured by:** _____