



COMMERCIAL INFILL PERMIT APPLICATION

715 W Mt. Vernon
PO Box 725-57502
Nixa, MO 65714
417-725-5850
planning@nixa.com

Application Date: _____

Permit #: _____

PROPERTY INFORMATION

Property Address: _____ Zoning: _____

OWNER/LANDLORD INFORMATION

Name: _____ Phone #: _____

Mailing Address: _____
Street address City State Zip

Email : _____

BUSINESS NAME INFORMATION

Business Name: _____ Contact Name: _____

Phone #: _____ Email: _____

Mailing Address: _____
Street address City State Zip

TYPE OF BUSINESS

Restaurant: _____ Retail: _____ Office: _____ Warehouse: _____

Storage: _____

Other: _____

Contact Person for Permit: _____ Phone: _____

Email: _____

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.

Signature of Applicant: _____ Date: _____

Printed Name : _____

Layout of Space

Do you have a City of Nixa Business License? _____ Business License #: _____

**Please NOTE: Your permit WILL be delayed if you have not applied for a business license.

Please use this area for a drawing of the space you are occupying. Please include measurements.

OFFICE USE ONLY

Approved by Inspector: _____ Date: _____

Notes:

Approved by Planner: _____ Date: _____

Notes:

Permit Fee: \$60



INFILL AGREEMENT

Date: _____

By signing this agreement the applicant agrees that the business located at _____ (address of infill) will not open for business until a Certificate of Occupancy has been issued. **Upon issuance of your permit a copy of this agreement shall be presented to the Utility Office whereupon a utility account can be established and the applicant can obtain utilities prior to receipt of a Certificate of Occupancy.** If said business opens prior to a Certificate of Occupancy, the City SHALL disconnect the utilities until the infill permit is fully satisfied. A reconnect fee for utilities will be applied before a certificate of occupancy is issued.

By signing below, I acknowledge that I have read and understood the above.

Applicant (printed name)

Applicant Signature

Building Inspector