

## **SEWER & WATER PERMIT APPLICATION**

PO Box 395, 715 W. Mt. Vernon Nixa MO 65714 417-725-5850 planning@nixa.com

Application Date	
Permit #	

PROPERTY INFORMTION							
Property Address		Zoning					
Subdivision		PhaseLot #					
OWNER INFORMATION							
First Name	Last Name	e/Business Name					
Mailing Address/City/State	e/Zip:						
Phone:	Email						
	CONTRACTOR INFOR	RMATION—if applicable					
Name	Company Name:						
Mailing Address/City/State	e/Zip:						
Phone:	Email	_					
Permit Type: (Please in	ndicate 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:							
Printed Name:							
Signature of Applicant :		Date:					

For Office U	se Only				
Approved by	y:				
Building Insp Notes:	pector		Date:	<u> </u>	
City Planner Notes:	:			_Date:	
	\$1,001 to	-	20.00 + \$4.00 per 3.00 + \$2.00 per \$3	\$1,000 up to \$4,999 1,000 above \$5,000	
Total Fees I		\$ \$			