



# SIMPLE MECHANICAL PERMIT APPLICATION

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

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—if applicable

Name \_\_\_\_\_ Company Name: \_\_\_\_\_

Mailing Address/City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

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:**        \$ \_\_\_\_\_