



Issue Date: _____

Building Permit # _____

APPLICATION FOR BUILDING PERMIT

BUILDING INSPECTIONS

CITY OF MOBERLY

Address of Building: _____

Est. Cost: _____

Legal Description of Property: _____

Owner: _____

Contractor: _____

Address: _____

Address: _____

City,State,Zip: _____

City,State,Zip: _____

Phone: _____

Phone: _____

TYPE OF CONSTRUCTION
<input type="checkbox"/> New Building
<input type="checkbox"/> Addition to Existing Building
<input type="checkbox"/> Accessory Structure (detached)
<input type="checkbox"/> Deck Addition
<input type="checkbox"/> Re-Roofing
<input type="checkbox"/> Remodel

STRUCTURE TYPE	
Residential	Non-Residential
<input type="checkbox"/> Single Family	<input type="checkbox"/> Recreation/Amusement
<input type="checkbox"/> Two Family (Duplex)	<input type="checkbox"/> Church/ Religious
<input type="checkbox"/> Garage / Carport	<input type="checkbox"/> Industrial
<input type="checkbox"/> Shed	<input type="checkbox"/> Office
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Educational/Childcare
	<input type="checkbox"/> Retail/ Mercantile
	<input type="checkbox"/> Communication
	<input type="checkbox"/> Other: _____

Use and Zoning Details: _____

Intended Use of Building: _____

Size of Lot (in square feet): _____ Size of Building (in square feet): _____

Approved by Public Utilities with respect to Land Disturbance Activity/Permits : _____

**this item must be signed by Public Utilities*

Construction Type: Type I (Masonry/Steel) Type II (Combustible Roof Only) Type III (Masonry/Steel/Wood) Type IV (Heavy Timbers) Type V (Light Frame Wood)

Protected Building Type (fire protection included): Yes No

Type of Foundation: Trench Pier Spread Footer Wood Shallow Frost

Lot setbacks: _____ Front _____ Rear _____ / _____ Sides (L/R)

SUB CONTRACTORS: The following will be present and call for the required inspections.

Electrical: _____ Size of service: _____ # Circuits: _____

Plumbing: _____ # Bathrooms: _____ # of all Fixtures: _____

HVAC: _____ Size of Furnace: _____ Gas Electric

THIS IS TO CERTIFY THAT PERMISSION IS HEREBY GRANTED BY THE PROPERTY OWNER OF RECORD TO PERFORM THIS PROPOSED WORK. THE PROPERTY OWNER OF RECORD HEREBY AUTHORIZES/HEREBY GRANTS ME THE AUTHORITY AS THEIR AGENT TO AUTHORIZE THE CITY OF MOBERLY TO ENTER UNTO THIS PROPERTY TO CONDUCT ALL INSPECTIONS ALLOWED BY LAW. ADDITIONALLY, I (WE) AGREE THAT AS A CONDITION OF THIS PERMIT I (WE) SHALL FULLY CONFORM TO ALL APPLICABLE LAWS, CODES AND STANDARDS OF THE CITY OF MOBERLY.

APPLICANT: _____ DATE: _____

---NEW Residential---

*** Residential new construction that exceeds 1600 Sq Ft of livable space is now requiring stamped plans for submission.

*** Residential new construction that is multi-level (including the basement) is now requiring stamped plans for submission.

---NEW Commercial---

Submit stamped plans that satisfy the following areas that are applicable:
Site Plan, Structural, Non-Structural, MEP Electrical, MEP Plumbing, MEP Mechanical, Fire Protection

---REMODELS---

Residential need to discuss requirements with the building inspectors
Commercial need to submit stamped plans for the areas of construction

Residential Plan Review Checklist

Please be sure that when you submit your residential plan for building review, that you include the following items on the plans:

_____ Details on foundation plan (width, depth, rebar schedule). Location of Ufer (Concrete Encased Electrode) and Meter Base.

_____ A Layout of the property; include any outbuildings, accessory structures, and water/sewer laterals.

_____ Roof Framing plan or Truss specifications sheet to confirm live and dead loads and design.

_____ Structural framing details for exterior and load bearing walls.

_____ Specification sheets for any load bearing beams.

_____ A Fastening schedule for Anchors to Slab or Foundation.

_____ Indicate the final grade for top of foundation wall. If deviates more than 1' from Final Plat you will need to submit a grading plan for the property.

_____ A Window schedule for bedrooms.

_____ A Layout of the principal structure to indicate habitable spaces.

_____ Indicate type of Furnace and Water Heater.

<p>Office Use only: Building Type Cost/Sq ft Per ICC _____ x _____ sq ft = _____ Estimated Cost from line above _____ x .002 = _____ permit cost</p>
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