

Village of Oakview

6404 N Locust

Oakview Missouri

(816) 436-9150

(816) 436-2671 Fax

city@oakviewmo.org

E-Permit #: _____

M-Permit #: _____

P-Permit #: _____

EX-Permit #: _____

APPLICATION FOR ELECTRICAL, MECHANICAL & PLUMBING/EXCAVATION PERMIT

LOCATION OF PROJECT:

ADDRESS:

PROPOSED WORK:

Electrical: <input type="checkbox"/> New <input type="checkbox"/> Replace <input type="checkbox"/> Wiring <input type="checkbox"/> Electrical service: <input type="checkbox"/> 100 Amp <input type="checkbox"/> 200 Amp <input type="checkbox"/> Other _____ Amp Valuation: _____ (includes material, labor, etc.)	Mechanical: <input type="checkbox"/> New <input type="checkbox"/> Replace <input type="checkbox"/> Compressor/ roof unit <input type="checkbox"/> Furnace/ unit heater <input type="checkbox"/> Ductwork <input type="checkbox"/> Other _____ Valuation: _____ (includes material, labor, etc.)	Plumbing: <input type="checkbox"/> New <input type="checkbox"/> Replace <input type="checkbox"/> water distribution pipe <input type="checkbox"/> Building sewer pipe <input type="checkbox"/> Hot water heater <input type="checkbox"/> Water service <input type="checkbox"/> Sanitary sewer service <input type="checkbox"/> Gas Valuation: _____ (includes material, labor, etc.)	Excavation: <input type="checkbox"/> New <input type="checkbox"/> Replace <input type="checkbox"/> Water service <input type="checkbox"/> Sanitary sewer service Valuation: _____ (includes material, labor, etc.)
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PROPERTY OWNER:	EMAIL:
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Address:	Phone #:
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CONTRACTOR:

Company name:	Contact name:
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Address:	Email:
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Phone #	Insurance provided <input type="checkbox"/> YES <input type="checkbox"/> NO
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DOUBLE THE FEE FOR COMMENCING WORK WITHOUT PERMIT

I hereby agree to abide to all Oakview Ordinances and Building Regulations applicable to proposed construction.

Signature of applicant:	Date:
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Approved by:	Date:
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All Permits Shall Require Inspection by the Village Inspector
 Permits must be paid for within 60 days of approval.
 Permits expire 6 months after paid.