Village of Oakview
6404 N Locust Street, Oakview Missouri (816) 436-9150 Office (816) 436-2671 Fax

Oakview.Missouri@sbcglobal.net

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

DATE: APPLICANT:	PERMIT #	
LEGAL:LOTBLOCK	SUBDIVISION	ZONE
PURPOSE: () ERECT (PROJECT: () BUILDING (TYPE of OCCUPANCY:) ADD () ALTER () DEMOLISI) DRIVEWAY () FENCE () POOL () DECK NEW () EXISTING STRUCTURE () EPTH AREA	H () REPAIR () SANITARY SEWER
SET BACK: FRONT RE	AR SIDE SIDE	
BUILDING SIZE: Finished Living A	rea SQ Ft at Foundation C	Garage
Unfinished BasementOTHER:	Number of Floors Number of Sto	ries
VALUATION:	Structure & Paving \$	
	Site Grading & Landscaping \$	
	Unimproved Property \$	
	TOTAL COST OF PROJECT=\$	
DOUBLE FEE FOR COMMENCING W	ORK WITHOUT PERMIT \$	
APPLICANT AGREES TO ABIDE B	ALL OAKVIEW ORDINANCES AND BUILDING RE	 GULATIONS APPLICABLE TO PROPOSED
CONSTRUCTION.		
than 10 working days prior to beginning Based on the address of the dig site the	aking or beginning any excavation must notify the Missouri excavation, except in the case of an emergency. Call 1-800 affected utility companies will be notified. They will send a	-DIG-RITE (344-7483), to place a locate request. clocator to mark the affected underground lines.
PROPERTY OWNER:	PHONE:	
ADDRESS:	EMAIL ADDRESS:	
CONTRACTOR:	PHONE:	
ADDRESS:	Occupational License #	
INSURANCE and BOND:	ARCHITECT Name & Phone #:	
ADDRESS:		
Signature of Applicant	Date:	
APPROVED BY:		_Date:

Permits must be paid for within 60 days of approval.

Permits expire 6 months after paid.