

# Village of Oakview

E-Permit

#: \_\_\_\_\_

6404 N Locust

Oakview Missouri

#: \_\_\_\_\_

(816) 436-9150

#: \_\_\_\_\_

(816) 436-2671 Fax

[Oakview.Missouri@sbcglobal.net](mailto:Oakview.Missouri@sbcglobal.net)

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:

Address:

Phone #:

CONTRACTOR:

Company name:

Contact name:

Address:

Email:

Phone #

Insurance provided  YES  NO

### 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:

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.

Approved by:

Date:

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