

City of Forsyth
Application for Building Permit

P.O. Box 545, Forsyth, Mo. 65653

City Hall: 417-546-4763

1. Street Address of Project: _____

2. Permitted Owner: Name: _____ Phone #: _____

Current Address: _____ City: _____ State: _____ Zip: _____

3. General Contractor: Name: _____ Phone #: _____

Office Address: _____ City: _____ State: _____ Zip: _____

4. Design Professional: Name: _____ Phone #: _____

Office Address: _____ City: _____ State: _____ Zip: _____

5. Purpose of Permit:

Residential: _____ Multi-Residential (# of units): _____ Mercantile: _____ Industrial: _____ Sign: _____

Warehouse: _____ Restaurant: _____ Assembly: _____ Daycare: _____ Educational: _____ Fence: _____

Manufacturing: _____ Medical: _____ Electrical: _____ Mechanical: _____ Plumbing: _____

Land Disturbance: _____ Accessory Building: _____ Garage/Carport: _____ Porch/Deck: _____

6. Type of Work:

New Construction: _____ Remodel: _____ Installation: _____ Repair: _____ Replacement/Upgrade: _____

Demo: _____

7. General Information: Value of Work Performed: \$ _____ Building Size: _____ Sq. Ft.

Lot Size: _____ Sq. Ft. # Bathrooms: _____ # Bedrooms: _____ Height of Structure: _____

8. Setbacks: (measured from property line)

Front Setback: _____ ft Right Setback: _____ ft Left Setback: _____ ft Rear Setback: _____ ft

9. Description of Work to be performed: _____

10. Included Plans (as applicable): Site Layout: _____ 3 Copies each of Plans (or 1 digital):

Footing and Foundation: _____ Floor Plan: _____ Electrical Plan: _____ Plumbing Plan: _____ HVAC Plan: _____

11. I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all applicable Federal, State, and Local Statutes, Laws, Regulations, and current Building and Fire Codes in this jurisdiction. Furthermore, I certify that all information provided above is correct and accurate.

Signature of Applicant: _____ Date: _____

Permit # _____