

APPLICATION FOR PLAN REVIEW AND PERMIT

CITY OF SPRINGFIELD, MISSOURI
 Department of Building Development Services
 840 Boonville
 Springfield, MO 65802

(417)864-1055 Office
 (417)864-1057 Fax

Plan Review # _____

I. LOCATION OF BUILDING

Address _____
 Legal Description _____

 Zoning _____ If Planned Development: PD# _____ Administrative Subdivision# _____

II. PERMITS REQUESTED

Building Electrical Fire Suppression
 Mechanical Plumbing GAS

III. TYPE AND COST OF BUILDING

A. New Building Infill Addition
 Alterations, Repair, Replacement
 B. Use Group _____ (If mixed, check applicable: non-separated; separated)
 C. Construction Type _____
 D. No. of Stories _____ Total Sq. Footage _____
 E. Total Cost of Improvement \$ _____
 F. Proposed Use of Building _____
 Name of Business or Tenant _____
 Describe Work to be Done _____
 If Change of Use, enter proposed use _____
 G. Public Sewer Septic Tank Public Water Well

IV. IDENTIFICATION - To be completed by all applicants

NAMES	MAILING/E-MAIL ADDRESS	TELEPHONE/FAX NO.
Owner or Lessee	Mailing _____ _____	Phone _____ Fax: _____
Contractor	Mailing _____ _____	Phone _____ Fax: _____
Designer of Record	Mailing _____ _____	Phone _____ E-Mail _____ Fax: _____

Would you prefer plan review letter be sent via E-mail No; Yes

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 authorized agent and we agree to conform to all applicable laws of this jurisdiction.

_____/_____/_____/_____
 Print Name Signature Telephone Number Date

Comments _____

FOR DEPARTMENT USE ONLY

V. PLAN REVIEW RECORD:

	APPROVAL DATE	BY		APPROVAL DATE	BY
BUILDING			MECHANICAL		
PLUMBING			FIRE SUPPRESSION		
ELECTRICAL			OTHER		

REVIEWER'S NOTES:

**ADDITIONAL PERMITS
REQUIRED:**

VI. ROUTING

	Building Development		Sanitary Services
	City Utilities		Traffic
	Planning		Water Detention
	Health		Streets

VII. VALIDATION

Permit Fee \$ _____
 Plan Review Fee \$ _____
 Provisional Fee \$ _____
 Total Fees \$ _____
 Amount Paid \$ _____
 Balance Due \$ _____

RECEIPT NUMBER _____