

CITY OF HOLLISTER

SPECIAL RESIDENTIAL BURN PERMIT

APPLICATION(206.090B)

PO BOX 638
HOLLISTER, MO 65673
417-337-9756
bldgofficial@cityofhollister.com

Date: _____

PERMIT# _____

Petitioner Information:

Owner Applicant

Name: _____

Mailing Address: _____

City/St/Zip: _____

Phone/Cell: _____

Email: _____

Permit Application is for the following address: _____

ESTIMATED COST OF THIS PROJECT: \$ _____

CONTRACTOR: ALL CONTRACTORS MUST HAVE A CITY BUSINESS LICENSE

Contractor's Name: _____

Contractor's Address: _____

Contractor's Phone/Cell: _____

Signature of Owner

Signature of Applicant (attorney, partner, agent, etc.)

PERMIT VALID FOR 3 DAYS FROM ISSUED

FOR OFFICE USE ONLY: Permit Fee: \$100.00 (\$75.00 City & \$25.00 WTCF)

Approved: YES NO

Reason for Non-Approval: _____

Signature of Fire Department Official

Date:

Signature of Building Official

Date:

Copy of permit give to HDP Dispatch: _____

Date: