

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

CITY OF HOLLISTER BUILDING PERMIT APPLICATION

PERMIT #																					
PROJECT 911 ADDRESS		SUBDIVISION		LOT #	BLOCK #	DATE RECEIVED															
OWNER		PHONE		SQUARE FEET	#s OF SEATS	#s ROOMS															
		CELL																			
BUSINESS NAME		EMAIL		IN FLOODPLAIN	HAZARD TYPE	OCCUPANCY LOAD															
		FAX																			
MAILING ADDRESS				USE GROUP	CONSTRUCTION TYPE	SPRINKLER															
ARCHITECT/ENGINEER		PHONE		ZONING	ESTIMATED CONSTRUCTION VALUE OF PROJECT																
		CELL																			
MAILING ADDRESS		EMAIL		\$																	
		FAX		DESCRIPTION OF WORK																	
CITY OF HOLLISTER CONTRACTOR		PHONE																			
		CELL																			
MAILING ADDRESS		EMAIL																			
		FAX																			
Residential Project Commercial Project (City of Hollister requires five (5) sets of plan)																					
If NEW Construction check here or check all below that apply to your project. <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; padding: 5px;">Alteration</td> <td style="width: 33%; padding: 5px;">Damage Repair</td> <td style="width: 33%; padding: 5px;">Deck</td> </tr> <tr> <td style="padding: 5px;">Electrical</td> <td style="padding: 5px;">Existing Building/Structure</td> <td style="padding: 5px;">Fence</td> </tr> <tr> <td style="padding: 5px;">Mechanical</td> <td style="padding: 5px;">Other</td> <td style="padding: 5px;">Plumbing</td> </tr> <tr> <td style="padding: 5px;">Remodel</td> <td style="padding: 5px;">Re-Roof</td> <td style="padding: 5px;">Retaining Wall</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Structural Addition</td> </tr> </table>				Alteration	Damage Repair	Deck	Electrical	Existing Building/Structure	Fence	Mechanical	Other	Plumbing	Remodel	Re-Roof	Retaining Wall	Structural Addition			I hereby certify that I am the owner or duly authorized owner's agent, that I have read this application and that all information is correct. I further certify that I have read, understand, and will comply with all the provisions outlined hereon. I also certify that the plot plan submitted is a complete and accurate plan showing any and all existing and proposed structures on the subject's property. PROVISIONS: The issuance of this permit shall not be construed to release the owner or owner's agent from the obligation to comply with the provisions of all laws and ordinances including federal, state and local jurisdictions, which regulate construction and performance of construction. This permit becomes null and void if the construction work authorized has not begun within 180 days from date of issuance or if at any time prior to final inspection and approval the work is suspended or abandoned for a period of 180 days.		
Alteration	Damage Repair	Deck																			
Electrical	Existing Building/Structure	Fence																			
Mechanical	Other	Plumbing																			
Remodel	Re-Roof	Retaining Wall																			
Structural Addition																					
The Building Department is available from 8:00am to 5:00pm. Monday - Friday. If you wish to set up a time to discuss your project with us. Fill out down below and we look forward to discussing your project.				Date _____		SIGNATURE _____															
_____ Date Time						Please Print Name															
IT IS IMPORTANT TO CALL FOR AN INSPECTION AT LEAST 24 HOURS IN ADVANCE. 417-337-9756				FOR OFFICE USE ONLY:																	
				SIGNATURE OF BUILDING OFFICIAL _____		DATE _____															