

CITY OF COLE CAMP, MO.

Permit # _____

Application for Building Permit

Owner: _____	Contractor : _____
Owner Address: _____	Contractor Address: _____
City/State/Zip: _____	City/State/Zip: _____
Owner Phone #: _____	Contractor Phone #: _____
Owner E-Mail: _____	Contractors E-Mail: _____
Location of Property / Building _____	

A. Type of Improvement ____ New Building ____ Addition ____ Alteration ____ Repair, replacement ____ Wrecking , demo ____ Moving (relocation)	B. Proposed Use -	
	Residential ____ Single Family ____ Multi -Family ____ Hotel. Motel, dormitory ____ Garage ____ Other - Specify _____ _____ _____	Nonresidential ____ Church ____ Service Station, repair garage ____ Office, bank, professional ____ Stores, mercantile ____ Other - Specify

C. Cost
Estimated or Actual Cost of Improvement
Labor: \$ _____ Materials: \$ _____ Total Cost: \$ _____

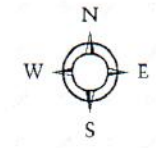
D. Project Information		
Ownership	____ Private ____ Public	Total Sq. Footage _____
Water Supply	____ Private ____ Public	Total Bedrooms _____
Sewage Disposal	____ Private ____ Public	Total Bathrooms _____

The owner of this building and the undersigned agree to conform to all applicable laws of the City of Cole Camp.

Signature of Applicant	Address	Application Date
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DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY

Approved by	Permit Fee \$	Date Permit Issued	Permit #
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Proposed Drawing of Building Upgrades/New Building

