

City of Clever
Building Permit Application
Demolition

Officer Bennett - Building Inspector
Phone: (417) 743-5109
Email: bennett@clevermo.com

210 S. Clarke
P.O. Box 22
Clever, MO 65631

Application Date:		Permit No:		
Site Information		Site Address:		
Legal Description <i>(office use only)</i>	PIN:	Lot Number:	Subdivision:	Zoning:
Owner Information		Name:		
Address:		City:		State:
Email Address:		Phone Number:		Zip:
Contractor Information		Name (Contact Person):		
Name (Company):		License Number:		
Address:		City:		State:
Email Address:		Phone Number:		Zip:
Project Information				
Has the Applicant notified adjacent property owners?		Yes	No	
Are asbestos or other harmful materials present at the project site?		Yes	No	
Project Description: _____				

By signing this application form, I hereby acknowledge that the information I have provided is complete and accurate to the best of my knowledge. Furthermore, I acknowledge my responsibility to conform to the applicable federal, state and local regulations pertaining to the project described by this application and attachments. I also understand that this application will expire within 180 days of the date of my signing, unless extended in writing by the Building Official.

Date _____ Name (please print) _____ Signature _____

OFFICE USE ONLY

Permit Type: _____

Building Code Review	Approved	Denied
Comments: _____		
Signature: _____ Date: _____		
Zoning Code Review	Approved	Denied
Comments: _____		
Signature: _____ Date: _____		
Floodplain Review	Approved	Denied
Comments: _____		
Signature: _____ Date: _____		
Fire Code Review	Approved	Denied
Comments: _____		
Signature: _____ Date: _____		
Public Works Review	Approved	Denied
Comments: _____		
Signature: _____ Date: _____		
Signature: _____ Date: _____ <small>Public Works</small>		
Signature: _____ Date: _____ <small>Water Department</small>		
Signature: _____ Date: _____ <small>Waste Water Department</small>		

Approved by _____ on _____

Permit	Fees
Issued: _____	Penalty Fee YES NO
Expires: _____	Assessed
Extension: _____	Fee Total \$ _____