

City of Clever
 Building Permit Application
 Residential Remodel/Mechanical, Electric, and Plumbing

Officer Bennett - Building Inspector
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 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):		Business License:	
Address:		City:	State:
Email Address:		Phone Number:	Zip:
Project Information	<i>(please mark those that apply)</i> <div style="display: flex; justify-content: space-around; width: 100%;"> Mechanical Electrical Plumbing </div>		
Dimensions: _____ x _____ = _____ sq. ft		Overall Height: _____ ft.	
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: _____		
Type of Construction: _____	FACP: YES NO	FSS: YES NO
Use Group: _____	Use Classification: _____	
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: _____		

Approved by _____ on _____

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