



CITY OF LAWSON, MO
BUILDING PERMIT APPLICATION
 REQUEST DATE _____

PERMIT # _____

APPLICANT CONTACT INFORMATION (PERSON DOING WORK)

Company name		Date business commenced	
Applicant Name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone Fax			
E-mail			
Registered company address City, State & ZIP Code			

LOCATION OF CONSTRUCTION

Owner Name		Subdivision	
Address of Construction		Lot	
Owner Phone		Zoning	
Owner E-mail			

TYPE OF CONSTRUCTION

<input type="checkbox"/> New or <input type="checkbox"/> Alteration			
<input type="checkbox"/> Electrical \$25.00	<input type="checkbox"/> Roof \$15.00	<input type="checkbox"/> Shed \$15.00	<input type="checkbox"/> Fence \$15.00
<input type="checkbox"/> Deck, Patio, Carport etc. \$15.00	<input type="checkbox"/> Signage \$25.00	<input type="checkbox"/> Ramp \$15.00	
<input type="checkbox"/> Swimming Pool (proprietary brand) \$10.00		<input type="checkbox"/> Swimming Pool (non-proprietary brand) \$50.00	

NEW CONSTRUCTION OR ADDITIONS

<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Modular Modular construction MUST have planning and zoning approval prior to issuance of permit.	<input type="checkbox"/> Inspection Fees \$300.00		
Square Footage _____	<input type="checkbox"/> Road Cut \$100.00	<input type="checkbox"/> Road Cut Bond - \$1,000.00	
Formula: Square Footage x Rate Below = Fee Due	<input type="checkbox"/> Apartments & Multi-Family Dwelling \$0.30 per square foot		
<input type="checkbox"/> Residential \$0.20 per square foot	<input type="checkbox"/> Commercial \$0.30 per square foot		

AGREEMENT

By submitting this application, you authorize The City of Lawson, MO to make the following inspections: footings, sewer, electrical, plumbing, mechanical, gas piping and final inspection.

PLEASE ALLOW 24 HOURS TO CALL FOR INSPECTION

SIGNATURES

Contractor Signature		Owner Signature	
Name and Title		Name and Title	
Date		Date	

ALL FEES DUE AT TIME OF APPLICATION

<input type="checkbox"/> New \$ _____	<input type="checkbox"/> Alteration \$ _____	<input type="checkbox"/> Road Cut \$100.00
<input type="checkbox"/> Other \$ _____	<input type="checkbox"/>	<input type="checkbox"/> Road Cut Bond - \$1,000.00

Total Collected _____ **Date** _____ **Receipt #** _____

Granted on _____ **Good for 30 days – extensions granted must be requested in writing**