

CITY OF TRUMAN
BUILDING PERMIT/APPLICATION

Date Received: _____ Received By: _____ Permit # _____

-----**APPLICANT COMPLETE INFORMATION BELOW**-----

Project Address: _____ or PID # _____
Property Owner: _____ Phone _____
Address: _____ City: _____ Zip: _____
General Contractor: _____ License #: _____ Phone: _____
Plumbing Contractor: _____ License #: _____ Phone: _____
Mechanical Contractor: _____ Phone: _____
Proposed Use : Fireplace ___ Water Heater ___ A/C ___ Furnace _____
Other _____
Description of Project: _____

Use and occupancy: _____
Estimated Value: _____

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Name [please print]: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____ Date: _____

-----**CITY USE ONLY**-----

PLANNING: Zoning District: _____ Minimum Setbacks Required: Front _____
Side _____ Rear _____ Road Right of Way _____ Other: _____

Reviewed By: _____ Date: _____
Subject to the following conditions: _____

BUILDING: Reviewed By: _____ Date: _____
Subject to the following conditions: _____

PUBLIC WORKS: Reviewed by: _____ Date: _____
Subject to the following conditions: _____

-----**FEES**-----

Plumbing Permit: _____	Plan Review: _____	State Surcharge: _____
Mechanical Permit: _____	Plan Review: _____	State Surcharge: _____
Other: _____	_____	_____
Sub Totals: _____	_____	_____

TOTAL DUE: _____

Date Issued: _____ Issued By: _____ Receipt # _____