City of Cleveland, Missouri Building Permit Application

Accessory Structure

No more than two accessory structures per residence allowed

General Contractor Information:

Company Name:

Responsible Party Nam	e and Title:	
¥¥		
Street Address:		
City:		State:
ZIP Code:		
Office Phone:	Mobile:	
Email:		

Owner	Inform	ation:
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Company Name:	
Owner:	
Street Address:	
City:	State:
ZIP Code:	
Home Phone:	Mobile:
Fax:	

Construction/Plot Plan Information: Provide a plot plan showing the location of the main structure and the

proposed addition. Include dimensions and elevations.

Attach construction plan for review.

			Other/Purpose/U	Jse	(Describe Below)	
Street Address:		Г				
	0.1.1'.''				T (C'	
Lot Number:	Subdivision:			1	Lot Size:	
Electric Service Rati	ng:		Gas Source:			_
			Propane:		Public Utility:	
Estimated Valuation	(structure only)					
\$.00				
Applicant's Signatur	e:			Date		

By signing this application you acknowledge: The plans, specifications and other information submitted as part of this application are correct, true and accurately represent the scope of work for the which application is made. The application fee will be applied to the permit fee but will not be refunded. Any documentation submitted will not be returned and will be kept for Public Record according to applicable State Regulations. This application expires in 180 days if work is not started or application is not picked up. To commence work without obtaining a permit is a violation of City Ordinance.

For City Use:	Application fee paid	Date received:
App. #	Yes No	By: