

# City of Cleveland, Missouri Building Permit Application

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## Deck Installation

**General Contractor Information:**

Company Name:

Responsible Party Name and Title:

  


Street Address:

City:

State:

ZIP Code:

Office Phone:

Mobile:

Email:

**Owner Information:**

Company Name:

Owner:

  


Street Address:

City:

State:

ZIP Code:

Home Phone:

Mobile:

Fax:

**Construction/Plot Plan Information:** Provide a plot plan showing the location and length/width/ height of the deck.

**Other/Purpose/Use**

Street Address of worksite:

Cleveland Mo

64734

Deck Material: \_\_\_\_\_

Deck Height : \_\_\_\_\_

Applicant's Signature:

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 \$50.00 paid	Date received:	
App. #	<input type="checkbox"/> Yes <input type="checkbox"/> No	By:	