

Building Permit – Commercial



Property Owner: _____

Project Address: _____

Scope of work- New Building: _____ Addition: _____ Alteration: _____ Demo: _____
WATER: _____ SEWER: _____

Date Applied for: _____

Applicant's Name: _____

Address: _____ City: _____ State: _____
Zip: _____ Phone: _____

Contractor Name: _____

Address: _____ City: _____ State: _____
Zip: _____ Phone: _____ Email: _____

Sub Contractors: (MUST HAVE A CITY BUSINESS LICENSE) Utilitybilling@nevadamo.gov for questions regarding a business license.

Mechanical: _____ Phone: _____

Electrical: _____ Phone: _____

Plumbing: _____ Phone: _____

Total Project Cost: _____ (include mechanical, plumbing, electrical, ext.)

*** One set of High-resolution Digital plans are required to be submitted to BIPZ@nevadamo.gov . All Plans must be drawn to scale and bear the seal of an Architect/Engineer registered in the State of Missouri. ****

I hereby certify that I have completed this application to identify the requirements for the specific project being submitted for plans review in order to expedite the review process. This submittal is complete for review of the scope of work as described herein and I further understand that omissions of required information will result in delays in the plans review process. **Please allow 5-7 days for processing.**

Signature: _____ Date: _____

For information on plan submittal requirements or if you have any additional questions concerning the application, please contact the Building Codes Department at 417-448-5113, Monday through Friday from 8am to 4pm. Or Email us at BIPZ@nevadamo.gov Contact the Nevada Fire Department at 417-448-5105 regarding hazardous material application requirements.