

BUILDING PERMIT APPLICATION

CITY OF GERALD

City Hall
 106 E. Fitzgerald Ave.
 P.O. Box 59
 Gerald, MO 63037
 573-764-3340



RECEIVED ON: _____ EMAILED: _____

PERMIT FEE: _____ PERMIT #: _____

PAYMENT: Cash Check # _____ Card DATE: _____

DATE PUT IN SYSTEM: _____ BY: _____

ZONING: _____

REVIEW STAMP: _____

24-HOUR NOTICE REQUIRED FOR INSPECTION

APPLICANT INFORMATION

Application for (Check Appropriate Box):

- | | |
|---|--|
| <input type="checkbox"/> Plan Review (New Residential or Commercial)
<input type="checkbox"/> Residential Electric (New)
<input type="checkbox"/> Residential Electric (Upgrade)
<input type="checkbox"/> Residential Mechanical
<input type="checkbox"/> Residential Plumbing
<input type="checkbox"/> Sign
<input type="checkbox"/> Pool/Spa (Depth greater than 24 inches)
<input type="checkbox"/> Utility Shed (Construction on site)
<input type="checkbox"/> New Construction
<input type="checkbox"/> Garage
<input type="checkbox"/> Other (Describe): _____ | <input type="checkbox"/> Commercial Electric (New)
<input type="checkbox"/> Commercial Electric (Upgrade)
<input type="checkbox"/> Commercial Single Panel Change
<input type="checkbox"/> Retaining Walls (Over 5 feet)
<input type="checkbox"/> Deck (Less than 32sq. feet)
<input type="checkbox"/> Deck (More than 32sq. feet)
<input type="checkbox"/> Ramp
<input type="checkbox"/> Remodel
<input type="checkbox"/> Basement Remodel
<input type="checkbox"/> Mobile Home Set-Up
<input type="checkbox"/> Mobile Home Improvement |
|---|--|

Brief description of application purpose: _____

PROPERTY INFORMATION

Address: (Cannot be P.O. Box)

Street: _____ City: _____ ST: _____ ZIP: _____

ZONING:	PROPOSED:	LAND USE:	PROPOSED:
---------	-----------	-----------	-----------

APPLICANT INFORMATION

Name:	Phone:	Email:
-------	--------	--------

Home Address: (Cannot be P.O. Box)

Street: _____ City: _____ ST: _____ ZIP: _____

Mailing Address: (Can be P.O. Box)

Street: _____ City: _____ ST: _____ ZIP: _____

NOTE: ALL CONTRACTORS MUST APPLY FOR A CONTRACTOR'S BUSINESS LICENCE WITH THE CITY OF GERALD BEFORE ANY WORK WILL BE ALLOWED TO BEGIN. LIABILITY INSURANCE IS REQUIRED ALONG WITH A \$30.00 FEE.

PROPERTY OWNER/CONSTRUCTION INFORMATION (IF DIFFERENT FROM ABOVE)

Name:	Phone:	Email:
-------	--------	--------

Home Address: (Cannot be P.O. Box)

Street: _____ City: _____ ST: _____ ZIP: _____

Mailing Address: (Can be P.O. Box)

Street: _____ City: _____ ST: _____ ZIP: _____

ENGINEER/CONTRACTOR INFORMATION (CONTRACTOR MUST HAVE CONTRACTOR'S LICENSE WITH THE CITY OF GERALD)

Business Name:	Phone:	Email:
----------------	--------	--------

Contact Name:	Phone:	Email:
---------------	--------	--------

PROPERTY IMPROVEMENT INFORMATION

WORK DESCRIPTION (SUMMARIZE THE WORK TO BE PERFORMED): _____

SQ. FT OF PROPOSED STRUCTURE: _____ PROPOSED DATE OF CONST. TO BEGIN: _____

TYPE OF IMPROVEMENT: New Structure Addition Internal Alterations Damage Repair

IMPROVEMENT CHARACTERISTICS:

NUMBER OF BUILDINGS OR STRUCTURES: _____ NUMBER OF DWELLINGS: _____

BUILDING/STRUCTURE DEPTH: _____ FT BUILDING/STRUCTURE WIDTH: _____ FT

EXISTING FLOOR AREA: _____ SQ. FT NEW FLOOR AREA: _____ SQ. FT

TOTAL BUILDING AREA: _____ SQ. FT ROOF/OVERHANG: _____ SQ. FT

MAXIMUM HEIGHT OF BUILDING/STRUCTURE: _____ FT TOTAL IMPERVIOUS AREA: _____

STORIES ABOVE GRADE: _____ STORIES BELOW GRADE: _____

TOTAL NUMBER OF STORIES: _____ BASEMENT: FINISHED UNFINISHED NONE

PRINCIPAL TYPE OF FRAME: MASONRY WOOD FRAME STRUCTURAL STEEL REINFORCED CONCRETE OTHER _____

FIRE PROTECTION FEATURES: SPRINKLERS: COMPLETE PARTIAL NONE STANDPIPES: YES NO FIRE ALARM: YES NO

EXISTING ELECTRIC SERVICE: _____ AMPS PROPOSED ELECTRIC SERVICE: _____ AMPS

SETBACKS FROM PROPERTY LINE TO NEW STRUCTURE (IN FEET):

FRONT: _____ LEFT SIDE: _____ RIGHT SIDE: _____ REAR: _____

PRECONSTRUCTION VALUE:

PRIMARY STRUCTURES: _____ ACCESSORY STRUCTURES: _____

ESTIMATED COSTS:

CONSTRUCTION: _____ ELECTRIC: _____ PLUMBING: _____ MECHANICAL/HVAC: _____

OTHER (DESCRIBE): _____ TOTAL: _____

SIGNATURE

APPLICANT agrees that all information required is filled out and correct. APPLICANT understands that if the application is not completed in full that the application may be rejected.

Signature of Applicant

Date

Print Name of Applicant

BUILDING PERMIT FEES FOR THE CITY OF GERALD

TYPE OF INSPECTION	FEE
Retaining Walls (Over 5 feet)	\$50.00
Utility Shed (Constructed on site)	\$30.00
Residential Mechanical	\$35.00
Residential Plumbing	\$35.00
Residential Electrical – NEW	\$50.00
Residential Electrical – UPGRADE	\$35.00
Signs	\$35.00
Swimming Pools & Spas (Depth greater than 24")	\$45.00
Decks (Less than 32 sq. ft)	\$30.00
Decks (Greater than 32 sq. ft)	\$50.00
Fences, roofing, siding, window installation, retaining walls	
Ramps	\$50.00
Commercial Electrical – NEW	\$75.00
Commercial Electrical – UPGRADE	\$75.00
Commercial Simple Panel Change	\$50.00
Plan Review (New Residential or Commercial)	\$35.00
Suspended Concrete Floors (Required Sealed Design)	\$50.00
Mobile Home Improvement	\$50.00
Mobile Home Set-Up	\$75.00

ALL FEES WILL BE DETERMINED ACCORDING TO SERVICE REQUIRED.

Residential and Commercial Permit Formula (NEW CONSTRUCTION)

$$\text{_____ sq. ft} \times 75 \times 0.003 = \$ \text{_____ fee}$$

Minimum fee will be \$30.00

Residential requires 2 sets of prints & plan review.

Commercial buildings require 2 sealed & signed sets of prints & plan review.
(sealed prints not required if project meets IBC 106.1 expectation)

Garage and Remodel Permit Formula

$$\text{_____ sq. ft} \times 40 \times 0.003 = \$ \text{_____ fee}$$

Minimum fee will be \$30.00

Requires 2 sets of prints & plan review.

Basement Permit Formula

$$\text{_____ sq. ft} \times 20 \times 0.003 = \$ \text{_____ fee}$$

Minimum fee will be \$30.00

Residential requires 2 sets of prints & plan review.