



APPLICATION FOR BUILDING PERMIT

General Construction/Renovation

Permit # _____

Submit this application with applicable fee to:

Marceline City Hall
116 N. Main Street USA
Marceline, MO 64658

Please allow 3 business days for processing and review.

Building Type (check applicable)

Roofing _____ Fence _____ Attached Accessory Structure (i.e. carport or shed) _____

Sidewalk _____ Structural Modification _____ Deck _____

Other (Explain) _____

Address of Proposed Construction

Applicant

Name: _____

Address: _____

City / Zip: _____

Phone: _____

Email: _____

Property Owner

Name: _____

Address: _____

City / Zip: _____

Phone: _____

Email: _____

Contractor (if applicable)

Company: _____

Phone: _____

Address: _____

Email: _____

City / Zip: _____

Estimate of Construction Cost

\$ _____

Brief Description of Work

Consent, Authorization and Signatures

I understand and will adhere to the following:

1. No work may begin prior to issuance of this permit.
2. This application may be subject to a Marceline Planning & Zoning Board Hearing if it is determined that any portion of this application requires a variance to the City's Planning & Zoning Ordinance (Ord. #6.404).
3. All work related to this application must meet the building code requirements of the International Code Council (ICC) and all applicable Federal, State and Local building code requirements.
4. Any modification to the information provided in this application during the course of construction must be approved by the City Manager or his designee.

All provisions of the building code and other City ordinances will be complied with, whether specified herein or not. Plans approved by the Department form a part of this application. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I further certify that I am authorized by the owner to make the foregoing application, and that, before I accept my permit for which this application is made, the owner shall be made aware of all conditions of the permit. I understand that if I knowingly make any false statement herein will render this application and any permit obtained invalid.

Signature of Applicant: _____ **Date:** _____

Fee		Amount Paid
Less than \$250	No Fee	\$ _____ Check # _____
\$250 - \$1,000	\$15.00	
\$1,000 – \$4,000	\$25.00	
\$4000 and over	\$25.00 plus \$5.00 per thousand over	
<i>(City of Marceline Code of Ordinances Title V, Chapter 500)</i>		

Permit Issuance Information

This is to certify that I have examined the within detailed statement, and find the same to be in accordance with the provisions of the Marceline Code of Ordinances, that the same has been approved and entered into the records of the City.

Name

Signature

Title

Date Approved / Permit Issued