



**City of Holts Summit**  
**Instructions for Building Permit Holder**

The purchaser of this permit is required and will be held accountable to notify the contractor and any subcontractors of the following conditions;

1. Prior to start of any construction, sewer hookups or road cuts, the builder must have the proper permit(s), business license and post sewer and/or road cut bonds required by the City.
2. All contractors and subcontractors must have a business license issued by the City of Holts Summit. License fee is \$35 at time of application.
3. Inspection request received by 8:15am are scheduled for that day. Requests received after 8:15am will be scheduled the following business day. For footing and sewer connections only, the building inspector must be contacted in order to set up an inspection appointment. Do not open any sewer lateral line without the inspector present on the job site.
4. If the requested items at the work site are not ready for an inspection when the inspector arrives, or the building permit, site address, and permit number are not posted at the job site, the inspection cannot be conducted and a trip fee of \$25.00 will be charged.
5. To ensure safe flow of traffic, all vehicles at the job site will use driveways at the job site and not on-street parking.
6. Because the sewer billing account is established based on the name on the permit, the person that took out the permit is responsible for calling in the inspection and paying the sewer bill.

The following inspections are required:

Sewer	Footing
Foundation	Under Slab
Under floor	Rough in
Drywall	Insulation
Driveway	

**\*Final-The** Certificate of Occupancy must be issued by the Building Inspector prior to personal affects or persons being allowed in the building. Violations of this Ordinance can result in DAILY Fines of up to \$500. Your building permit should be available for all inspections as is your Certificate of Occupancy upon final inspection approval.

I have read and accept the above instructions and conditions and agree to compliance to avoid violations which will cause delays and additional costs for the permit holder.

\_\_\_\_\_  
Print Permit Holder Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*The City will maintain a copy of this agreement with your permit.*

09-2016



City of Holts Summit  
Application For Building Permit

Permit # \_\_\_\_\_ Application Date \_\_\_\_\_ Date Permit Expires \_\_\_\_\_

PROPERTY INFORMATION

Property Address \_\_\_\_\_ Zoning \_\_\_\_\_

Subdivision \_\_\_\_\_ Phase \_\_\_\_\_ Lot# \_\_\_\_\_

Parcel Number (can obtain from Callaway County Assessor: 573-642-0766) \_\_\_\_\_

OWNER INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Please list all contractors Full Name, Complete Address, and Telephone Number. If doing work yourself list self.

CONTRACTOR	NAME	ADDRESS	PHONE
Applicant			
Architect			
General Contractor			
Excavation			
Concrete			
Carpentry			
Electrical			
Plumbing			
Sewer			
Mechanical			
Roofing			
Masonry			
Drywall or Lathing			
Sprinkler			
Paving			
Fire Alarm			

PROPOSED USE

LOT SIZE & SET BACKS (From property line to structure, MUST INCLUDE, see next page to complete drawing) Lot size: \_\_\_\_\_

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RESIDENTIAL:

Square Footage: Living area          Basement          Garage          Total \_\_\_\_\_

Number of:    Bedrooms (per unit)          Bathrooms          Stories \_\_\_\_\_

Please Circle Answer:          Type of heat: Electric or Gas          Type of air conditioning: Electric or Gas

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COMMERCIAL/BUSINESS USE ONLY:          Building Square Footage \_\_\_\_\_

Number of:    Bathrooms          Service Sinks          Dishwashers          Floor Drains  
                  Parking Spaces          Other \_\_\_\_\_

Will structure include a sign?          Yes \_\_\_\_\_          No \_\_\_\_\_  
Fire Protection System?          Yes \_\_\_\_\_          No \_\_\_\_\_

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Estimated Cost of Improvements: \_\_\_\_\_

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ADDITIONAL INFORMATION (Give a brief description of planned project):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# PLOT PLAN LAYOUT