APPLICATION FOR BUILDING PERMIT BUILDING COMMISSION CAIRO, MISSOURI

| BUILDING PE | RMIT NO | | DATE | | |
|--------------------------------------|--------------|----------------|--|--|--|
| BUILDING PERMIT NO. Building Address | | | DATE: | | · |
| Between | | Street | CLASS OF WORK | | |
| And | | Street | New | Repair | |
| / KIICI | | Street | Alteration | | : (|
| | | | Move | | |
| PERMITTEE: | | | Addition | | |
| Name | | | USE OF BUILDING | j | |
| i manne | | | | | |
| Adduss | | | SIZE OF BUILDIN | $G_{i,j}$ | |
| Address | | | | | × 8 |
| Phone | | | NO. OF ROOMS | 49.2 | · · · · · · · · · · · · · · · · · · · |
| | | | NO. OF FAMILIES | | |
| | | | | | i: |
| ARCHITECT/ENGINEER: | | | SIZE OF LOT: | * TA 80 | |
| Address: | | | | r i i i i i i i i i i i i i i i i i i i | |
| Phone: | | | NO. OD BLDGS: | ٠٠٠ م | : :- |
| | | | USE₃OF BLDGS: | * | : |
| LEGAL DESCR | UPTION: | | | | |
| Subdivision: | * t° k | | PLACED ON LOT: | ė, | |
| Block | | Lot No. | 2.1 | | |
| | | | SPECIFICATIONS: | <i>P</i> , ** | |
| | | | s sull' | | ······································ |
| PLOT PLAN | | | Material | Exterior | Piers |
| | | | Foundation Wall | | ., |
| | 5 | | | 5 | |
| | | a a | Footing | | |
| | | | Depth in ground | | n.* |
| P | | | 1 0 | | |
| R O P E | | | R.W. Plate (sill) | Size Spacing | Span |
| | | | Girders | | |
| | | | Joist 1st Floor | | 1 |
| | | | Joist 2 nd Floor | | Addison. |
| R | | | Joist Ceiling | - | |
| T | | Exterior Studs | | : | |
| Y | | | Interior Studs | | <u> </u> |
| | | · · | Roof Rafters | | |
| | | , | Bearing Walls | | 1.2 |
| | <u> </u> | | Dearing wans | | . To |
| DI | ROPERTY LIN | EG | | and the state of t | |
| | COLDINI LIII | ادادا | | * | |
| | | | - STOREWAIN MEDICAL STREET, ST | | i i |

Building Permit Application

| BUILDING PERMIT NO: | ESTIMATED DATE OF COMPLETION: | | |
|---|---|--|--|
| VALUATION ESTIMATED COST OF BUILDING | COVERING: | | |
| | Exterior Walls Roof | | |
| Super Structure \$ | Interior Walls Reroofing | | |
| BUILDING PERMIT FEE: | FLUES: | | |
| | Fireplace Floor Furnace | | |
| DISPOSAL OF STORM WATER | Kitchen Water Heater | | |
| Natural drainage course or ditch across property: Yes No | FURNACE: Electric Gas Oil | | |
| Does Storm Water Drain to Building Site? | TOTAL FLOOR AREA | | |
| Yes No | NO. OF STORIES | | |
| Distance to City Sewer | TOTAL HEIGHT | | |
| | AREA OF LOT | | |
| SPECIAL INFORMATION | Front yard set back from property line | | |
| , | Side yard set back from property line: Right Left | | |
| | Rear Yard | | |
| | Change in occupancy from To | | |
| | Zoning District: R-1, R-2, C-1, S-1, S-2 | | |
| APPROVED: (BUILDING INSPECTOR) | I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all City Ordinances and State Laws regulating building construction. Also plans and specifications for the building, in duplicate shall be filed in addition to this application. SIGNATURE OF PERMITEE: | | |
| | | | |
| | BY | | |