CITY OF SEDALIA
200 SOUTH OSAGE
SEDALIA, MO 65301
660-827-3000
WWW.CITYOFSEDALIA.COM

BUILDING PERMIT APPLICATION

Date:_____ Permit #:_____ Construction Value $_____

Construction Address:_____

BUILDING/PROPERTY OWNER

Name_____

Mailing Address_____

City, State, Zip_____

Phone_____ Cell_____

GENERAL CONTRACTOR

Name_____

Mailing Address_____

City, State, Zip_____

Phone_____ Cell_____

PERMIT TYPE: (Please check on in both boxes)

☐ SINGLE FAMILY	☐ REROOF	☐ NEW CONSTRUCTION	☐ RESIDENTIAL
☐ DUPLEX	☐ POOL	☐ ADDITION	☐ COMMERCIAL
☐ DECK	☐ GARAGE	☐ ALTERATION / REMODEL	
☐ SHED	☐ OTHER_____	☐ REPAIR / REPLACEMENT	

DIMENSIONS

Structure to be _____ ft. wide _____ ft. high _____ ft. long

Total sq. feet of garage_____ # of bedrooms per unit_____
Total sq. feet of basement _____ # of stories _____

Total lot in square feet_____ Total finished floor above grade_____

Basement is to be: ☐ Finished ☐ Unfinished If new house of duplex will the structure have a deck? ☐ yes ☐ no

CHARACTERISTICS

Roofing Type: ☐ Asphalt ☐ Wood ☐ Built-Up ☐ Ceramic Tile ☐ Concrete ☐ Metal ☐ Rolled Roofing ☐ Other

Type of fuel: ☐ Gas ☐ Electricity ☐ Other

COST OF CONSTRUCTION

SUBCONTRACTORS	**NAME**	**PHONE**	**BUSINESS LICENSE**	
Electrical			☐ Yes	☐ No
**Plumbing			☐ Yes	☐ No
Mechanical			☐ Yes	☐ No
Foundation/Wall			☐ Yes	☐ No
Framing			☐ Yes	☐ No
Roofing			☐ Yes	☐ No

****Must be able to provide proof of Master Plumber License for a town of same or greater size in Missouri**