



215 North West Street
Perryville, MO 63775-1327
Phone: 573-547-2594
E-Mail: buildinginspectors@perryvillemo.gov

OFFICE USE ONLY
SUBMITTAL DATE _____
PERMIT # _____
FEES PAID _____

MODULAR HOUSING PERMIT APPLICATION

BUILDING ADDRESS: _____ **ZONING:** _____
BUILDING OWNER: _____ **ADDRESS:** _____

PHONE NUMBER: _____
EMAIL ADDRESS: _____
(REQUIRED)
ADDRESS: _____

CONTRACTOR: _____
PHONE NUMBER: _____
EMAIL ADDRESS: _____
(REQUIRED)

TYPE OF PROJECT:
MOBILE HOME INSTALLATION ___ FOUNDATION INSTALLATION ___ PORCH INSTALLATION ___
ATTACHED GARAGE INSTALLATION ___ MISCELLANEOUS STRUCTURE ___

PROJECT DESCRIPTION (NEW CONSTRUCTION MUST ABIDE BY THE REGULATIONS BASED ON THE 2015 IRC):

PLAN SUBMITTAL:
SITE PLAN ___ FLOOR PLAN ___ CERTIFIED LETTER FROM STATE HOUSING AUTHORITY ___
SITE BUILT AMENITIES: FOUNDATION ___ TRUSS LAYOUT ___ WALL SECTION ___ ELEVATIONS ___

MISCELLANEOUS:
STREET CUT REQUIRED FOR UTILITIES ___ YES ___ NO IF YES, SEE EXCAVATION PERMIT APPLICATION
DRIVEWAY MODIFICATIONS REQUIRED ___ YES ___ NO IF YES, SEE DRIVEWAY APPLICATION AND DETAILS
BACKFLOW PREVENTER REQUIRED ___ YES ___ NO REQUIRED FOR LAWN SPRINKLER SYSTEM



SINKHOLE BASIN:

PROPERTY LOCATED WITHIN A SINKHOLE BASIN? __ YES __ NO **STAFF VERIFIED?** _____ INT. _____
IF YES, CITY OF PERRYVILLE SINKHOLE BASIN DEVELOPMENT FORM REQUIRED

OFFICE USE ONLY	
DNR STUDY SINKHOLE # _____	FLOOD ELEVATION _____ DETERMINED BY: _____
YEAR OF SINKHOLE STUDY USED _____	REQUIRED LOWEST LEVEL ELEVATION _____

EASEMENTS:

DOES THE PROPERTY CONTAIN AN EASEMENT? __ YES __ NO **STAFF VERIFIED?** _____ INT. _____
STAFF TO ATTACH SEMOGIS MAP OF ALL UTILITIES LOCATED ON THE PROPERTY.

PROJECT COSTS: \$ _____ **PERMIT FEE:** \$ _____

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION. THE CITY OF PERRYVILLE DOES NOT RESEARCH OR ENFORCE HOMEOWNER'S RULES AND REGULATIONS.

SIGNATURE OF APPLICANT

APPLICATION DATE

SIGNATURE OF INSPECTOR

INSPECTION DATE

OFFICE USE ONLY	
REFERRED TO BUILDING OFFICIAL: DATE: _____ INSPECTOR INITIALS _____	APPROVAL ____ DENIAL ____
REFERRED TO CITY ADMINISTRATOR: DATE: _____ CITY ADMINISTRATOR INITIALS _____	APPROVAL ____ DENIAL ____
REFERRED TO BOARD OF ALDERMEN: DATE: _____ BOARD OF ALDERMEN CERTIFICATION: DATE: _____	APPROVAL ____ DENIAL ____
SIGNATURE OF MAYOR _____	
SIGNATUR OF CITY CLERK _____	

