



215 North West Street  
Perryville, MO 63775-1327  
Phone: 573-547-2594

E-Mail: [buildinginspectors@perryvillemo.gov](mailto:buildinginspectors@perryvillemo.gov)

**OFFICE USE ONLY**

SUBMITTAL DATE \_\_\_\_\_

APPROVAL DATE \_\_\_\_\_

PERMIT # \_\_\_\_\_

FEES PAID \_\_\_\_\_

**RESIDENTIAL MODIFICATION PERMIT APPLICATION (2021 IRC)**

**BUILDING ADDRESS:** \_\_\_\_\_ **ZONING:** \_\_\_\_\_  
**BUILDING OWNER:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

(REQUIRED)

**CONTRACTOR:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

(REQUIRED)

**TYPE OF PROJECT:**

- |  |  |
|--|--|
| MOBILE HOME INSTALLATION _____             | ELECTRICAL SERVICE REPLACEMENT _____     |
| CHANGE/ADDITION TO ELECTRICAL SYSTEM _____ | CHANGE/ADDITION TO PLUMBING SYSTEM _____ |
| CHANGE/ADDITION TO MECHANICAL SYSTEM _____ | BUILDING STRUCTURAL CHANGES _____        |
| DECK _____                                 | MISCELLANEOUS STRUCTURE _____            |

**PROJECT DESCRIPTION (NEW CONSTRUCTION MUST ABIDE BY THE REGULATIONS BASED ON THE 2021 IRC):**

**PLAN SUBMITTAL:**

SITE PLAN \_\_\_\_\_ FLOOR PLAN \_\_\_\_\_ 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?** \_\_\_\_\_ Y \_\_\_\_\_ INT. \_\_\_\_\_  
IF YES, CITY OF PERRYVILLE SINKHOLE BASIN DEVELOPMENT FORM REQUIRED

SEE CITY ORDINANCE FOR TRACER WIRE REQUIREMENTS. ANY MO ONE CALL VIOLATIONS WILL BE ISSUED A CITATION FOR MUNICIPAL COURT, AND THE DIGGER IS LIABLE FOR DAMAGES.



**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 ACKNOWLEDGE I HAVE RECIEVED THE LIST OF CHANGES FROM THE 2015 IRC TO THE 2021 IRC. INT.** \_\_\_\_\_

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**

