



**SHED BUILDING PERMIT
APPLICATION
250 S. MAIN STREET, PECULIAR, MO 64078
(816) 779-5212**

Permit #: _____

Site Address _____ Legal Description (Lot, Block and Name of Subdivision) & Parcel ID# _____

Owner of Record _____ Mailing Address, City, State & Zip _____ Phone _____

General Contractor _____ Mailing Address, City, State & Zip _____ Phone _____

Email Address: _____ **Zoning Classification:** _____ **Building Square Footage:** _____

Building Setbacks: _____ Front _____ Rear _____ Side _____ Side | **Building Height:** _____ | **Exterior Materials:** _____

Roof Composition (Same as residence): _____ **Size and Type of Foundation:** _____

Total Value of labor & material \$ _____ **Building to be used for:** _____

Applicant's Name: _____ **Applicant's Phone #:** _____

Applicant's Representative: _____
Name of Company or Employer _____ Phone _____

I hereby certify that I have read and examined this application and know the same to be true and correct. I hereby certify that I have been authorized by the owner to act as his agent in applying for and obtaining this permit. All provisions of laws and ordinances governing this type of work will be complied with, whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Subcontractors building or installing the shed are required to obtain a Business License from the City of Peculiar. No work shall be commenced prior to issuance of this permit.

All accessory buildings and garages must have the same type of exterior structure and finish as the principal dwelling.

SIGNATURE OF APPLICANT: _____ **DATE:** _____