

**BUILDING PERMIT APPLICATION  
CITY OF LAGRANGE**

Permit No. \_\_\_\_\_

Date: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

OWNERS NAME & ADDRESS: \_\_\_\_\_

CONTRACTORS NAME & ADDRESS: \_\_\_\_\_

TYPE OF IMPROVEMENT: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Other

TYPE OF WORK: \_\_\_\_\_ New \_\_\_\_\_ Addition \_\_\_\_\_ Repair \_\_\_\_\_ Remodel \_\_\_\_\_ Replace \_\_\_\_\_ Move  
Briefly explain the work that will be done: \_\_\_\_\_

- |  |  |                                  |   |                               |
|--|--|----------------------------------|---|-------------------------------|
| <input type="checkbox"/> Attached Garage | <input type="checkbox"/> Detached Garage | <input type="checkbox"/> Carport | <input type="checkbox"/> Storage Building | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Fence           | <input type="checkbox"/> Crawl Space     | <input type="checkbox"/> Re-Roof | <input type="checkbox"/> Basement         | <input type="checkbox"/>      |

USE OF BUILDING: \_\_\_\_\_

SIZE OF STRUCTURE: \_\_\_\_\_ WIDTH \_\_\_\_\_ LENGTH \_\_\_\_\_ HEIGHT \_\_\_\_\_ TOTAL SQ. FT.

Construction Material Will Be:

Foundation \_\_\_\_\_

Walls \_\_\_\_\_

Floor \_\_\_\_\_

Roof \_\_\_\_\_

TOTAL VALUATION OF WORK: \$ \_\_\_\_\_

**A SITE PLAN MUST BE SUBMITTED WITH APPLICATION:** An outline of your property showing all property lines with dimensions. Also, provide building location on property with dimensions of building footprint and dimensions from building to property line.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND THE PRESENT CITY ORDINANCES OF THE CITY OF LAGRANGE, MISSOURI AND AGREE TO ABIDE BY ALL PRESENT AND FUTURE ORDINANCES OF SAID CITY 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. THE PERMIT SHALL BE VALID FOR SIX MONTHS, AND SHALL BECOME INVALID IF THE AUTHORIZED WORK IS NOT COMMENCED WITHIN THIRTY DAYS AFTER TIME OF ISSUANCE OF A PERMIT.

\_\_\_\_\_  
OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

( ) \_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
CONTRACTOR'S SIGNATURE

\_\_\_\_\_  
DATE

( ) \_\_\_\_\_  
Daytime Phone

OFFICE OF CITY HALL APPROVAL BY: \_\_\_\_\_

\_\_\_\_\_  
DATE

*If structure is located within the Floodplain a separate Flood Permit will need to be completed*