

CITY OF SPRINGFIELD - BUILDING DEVELOPMENT SERVICES
COMMERCIAL TRADES PERMIT APPLICATION / Misc. BUILDING OVER COUNTER PERMIT
PLAN REVIEW APPROVAL REQUIRED *PLANS REQUIRED

****All Information Is Required and Must be Completed**

Date Submitted: _____

**Site Address: _____ Suite # _____

**Property Owner: _____

**Contractor Company Name: _____ Phone No: _____

**Trade Master's Name: _____

**Master / Contractor Email Address _____

**Name of Tenant or Business: _____

Type of Permit Requested: _____

<input type="checkbox"/> Gas			<input type="checkbox"/> Building
<input type="checkbox"/> Plumbing			<input type="checkbox"/> FIS Hood
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing	
<input type="checkbox"/> RTU Equivalent	<input type="checkbox"/> Solar*	<input type="checkbox"/> Grease Interceptor*	<input type="checkbox"/> Hood Modification
<input type="checkbox"/> W/H Equivalent	<input type="checkbox"/> Upgrade*	<input type="checkbox"/> Repair Water Line	<input type="checkbox"/> Hood New / Replace*
<input type="checkbox"/> A/H Equivalent	<input type="checkbox"/> New Service*	<input type="checkbox"/> Repair Sewer Line	<input type="checkbox"/> Commercial Fence*
<input type="checkbox"/> New / Upgrade RTU*	<input type="checkbox"/> Fire Damage*		<input type="checkbox"/> Minor w/ approval
<input type="checkbox"/> New / Upgrade W/H*	<input type="checkbox"/> Repair		
<input type="checkbox"/> New / Upgrade A/H*			

***PLANS NEEDED TO BE SUBMITTED THROUGH PDOX.**

Equivalent = Like for Like

Sketch = Free Hand Drawing Drafted Plans = CAD Plans Sealed Drawings = Drawings Sealed by Designer

RTU Size: _____ Electric Service Size: _____ Water line Length: _____ Depth: _____
W/H Size: _____ Electrical Depth: _____ Sewer line Length: _____ Depth: _____
A/H Size: _____ Pipe Size: _____

DETAILED DESCRIPTION OF WORK BEING DONE:

USE SEPARATE SHEET OF PAPER FOR SCETCH OF PROPOSED WORK.

Any interior demolition and/or renovations, the owner or owner representative shall be responsible to regulations in EPA 61.145 and in Missouri 10 CSR 10-6.241,

Approved by Plan Reviewer: _____ Date _____

Create Project Dox record for review

using trained asbestos professionals in the assessment, abatement, and proper disposal thereof. Please visit the Asbestos webpage for more information at <http://www.epa.gov/asbestos/>