

Hallsville Remodel Permit Application

City of Hallsville 573-696-3885

Permit # _____

Name: _____ Phone: _____

Mailing Address: _____

Remodeling Address: _____

Work Classification: _____ Demolition _____ Remodeling

Building Use: _____

Projected Date of Completion: _____

Estimated Cost of Construction: _____

Certification:

By my signature I hereby acknowledge that the information shown on this permit is correct and I agree to comply with all City Ordinance & Building Regulations and applicable State, County and Federal Regulations and Building Requirements.

Applicant

Date

Permit Fee Collected:

_____ \$100.00 Remodel/Addition Permit Classification