



**BUILDING PERMIT APPLICATION
TEMPORARY STRUCTURE
PERMITS@REPUBLICMO.COM**

Office Use Only:		Application Date:	Permit Number:
PIN:	Lot No.:	Subdivision:	Zoning:

Site Address: _____

OWNER INFORMATION	
Owner Name:	
Address (Street, City, State, Zip):	
E-Mail:	Phone:

CONTRACTOR INFORMATION	City of Republic Business License No.:
Company Name:	Contact Name:
Mailing Address (Street, City, State, Zip):	
E-Mail:	Phone:

PROJECT INFORMATION
Project Description (Include Use of Structure):

Dimensions: _____ Project Square Ft: _____ Overall Height: _____

Length of Time: From: _____ To: _____ No. of Days: _____

By signing this application form, I hereby acknowledge that the information I have provided is complete and accurate to the best of my knowledge. Furthermore, I acknowledge my responsibility to conform to the applicable federal, state and local regulations pertaining to the project described by this application and attachments. I also understand that this application will expire within 180 days of the date of my signing, unless extended in writing by the Building Official.

Signature: _____ **Date:** _____



R E P U B L I C
BUILDS
Public Works • Community Development

GUARANTEE OF PAYMENT AGREEMENT

By signing this agreement, I acknowledge and accept full responsibility for payment to the City of Republic for all fees and charges incurred by 3rd party consultant review and any/all fees related to the review of drawings and specifications associated with this project.

Signature

Date

Please print the following information for billing purposes:

Contact Name: _____

Business Name: _____

Billing Address: _____
