



**INFRASTRUCTURE PERMIT APPLICATION**  
**INFRASTRUCTURE**

<b>Office Use Only:</b>	<b>Date Issued:</b>	<b>Permit Number:</b>
<b>Project Name:</b>	<b>Location:</b>	

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

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

PERMIT FEES					
Item	Qty	Units	Cost/Unit	Total Cost	GL Code
Water		LF	\$ 0.40		INFRA CONSTR INSP
Sewer		LF	\$ 0.40		
Stormwater		LF	\$ 0.30		
Roadway/Sidewalk		LF	\$ 0.25		
Service Lines (2/Lot)		EA	\$ 10.00		
Fire Hydrants		EA	\$ 35.00		FIRE HYDRANT TESTING
Emergency Notification Impact Fee		ACRES	\$ 30.00		EMA IMPACT
Hydrant Meter Deposit					
Plan Review Fee	10%				PLAN REVIEW FEE
<b>Total Permit Cost:</b>					

*All street signs will be invoiced to the Applicant after installation, with payment due within 30 days. Initial: \_\_\_\_\_*

Commercial Property:  Residential Subdivision:  Other:   
 Mutli-Family Property:  Manufacturing:

*By signing this application form, I hereby acknowledge that this permit is issued pursuant to the requirements of the applicable codes and regulations adopted by the City of Republic and in accordance with the conditions stated herein. This permit expires 180 days after issuance if work has not commenced or if the work authorized by this permit is suspended or abandoned for a period of 180 days after the time that work commences.*

<b>Applicant Signature:</b>	<b>Date:</b>
<hr/>	<hr/>
<b>Planning Manager:</b>	<b>Date:</b>
<hr/>	<hr/>
<b>Engineering Manager:</b>	<b>Date:</b>
<hr/>	<hr/>



**APPLICATION CHECKLIST**

Grading, Sediment, & Erosion Control Plans:	<input type="checkbox"/>	Letter of Credit:	\$ _____
NPDES Storm Water Permit:	<input type="checkbox"/>	Bond:	\$ _____
404 Permit (If Required):	<input type="checkbox"/>	Check:	\$ _____
DNR Land Disturbance Permit:	<input type="checkbox"/>		

**FEEES**

Plan Review Fees: \$ \_\_\_\_\_

Permit Fees: \$ \_\_\_\_\_

**Total Fees Due at Time of Application:** \$ \_\_\_\_\_

**COMMENTS & CONDITIONS**

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**Inspections:** All inspections are to be called in to the **24-hour inspection line (417-732-3170)** with the request of morning or afternoon. This includes all types of inspections. Concrete work is the only inspection that you may request a specific time. All inspection requests received by 2:00 p.m. Monday-Friday (excluding holidays) will be scheduled for the next business day and performed that day if possible. Inspections not performed on the scheduled day will be performed the following day. Any inspection request received after 2:00 p.m. will be scheduled for the two business days from the date the message was left.



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 3<sup>rd</sup> 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_