

CITY OF CRYSTAL LAKES, MO

PLUMBING PERMIT APPLICATION

Majorie Long, City Clerk 816-637-6677 [crystallakes@medialcombb.net](mailto:crystallakes@medialcombb.net)  
14739 Crystal Drive, Crystal Lakes, MO 64024

PERMIT NO: \_\_\_\_\_

DATE: \_\_\_\_\_

EXPIRATION: After 180 days of no activity

OWNER: \_\_\_\_\_

OWNERS CURRENT ADDRESS: \_\_\_\_\_

OWNERS PHONE: \_\_\_\_\_ OWNER'S EMAIL: \_\_\_\_\_

BUILDER/CONTRACTOR: \_\_\_\_\_

BUILDERS MAILING ADDRESS: \_\_\_\_\_

BUILDERS PHONE: \_\_\_\_\_ BUILDERS EMAIL: \_\_\_\_\_

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

BLOCK: \_\_\_\_\_ LOT #: \_\_\_\_\_ PARCEL No. \_\_\_\_\_ ACRES: \_\_\_\_\_

LOCATED IN A FLOOD PLAIN: Yes \_\_\_ NO \_\_\_ REQUIRED ELEVATION: \_\_\_\_\_

TYPE OF IMPROVEMENT: \_\_\_\_\_

SIZE OF STRUCTURE: \_\_\_\_\_ NO. OF STORIES: \_\_\_\_\_

BEDROOMS: \_\_\_\_\_ BATHROOMS – FULL \_\_\_\_\_ BATHROOMS – HALF \_\_\_\_\_

ESTIMNATED COST OF CONSTRUCTION: \_\_\_\_\_

COMMENTS AND DIRECTIONS: \_\_\_\_\_

This applicant hereby agrees to abide by and comply with the conditions of all building, health, zoning, and subdivision codes of the City of Crystal Lakes, Missouri. **We do not enforce private subdivision restrictions.** It is your responsibility to satisfy yourself that the proposed building complies with all of the above.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Issued this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

BY: \_\_\_\_\_  
City of Crystal Lakes, Mo