**University of Missouri Building Permit** (for internal Campus use only)

(Note: Only an authorized Owners Agent can fill out the initial permit determination section of this form.)

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Campus**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person filling out permit form (name/Title)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Building Name/Location**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approximate project value**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Room#/Suite/Area**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**# of floors**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Square Footage**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Construction type**: \_\_\_\_\_\_\_\_ **Protected (Sprinkled?)**\_\_YES/NO\_\_ **Occupancy/Use Group**:\_\_\_\_\_\_\_\_\_\_\_\_

**Brief description of work**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project specialties**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Review the list of work exempt from a permit to determine if a permit is required for this scope of work. If a permit is required, continue with entering the permit number and forward this form to the assigned Project Manager)

If answering no, you certify that a building permit is not required per UM System policies and adopted codes.

**Is a permit required? (Yes or No):\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Owners Agent signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permit number**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date permit created (MM/DD/YEAR)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(The remaining portions of this form are to be filled out by the assigned campus Project Manager)

**Project professional design performed by:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required construction document submittals:**

|  |  |  |  |
| --- | --- | --- | --- |
| Type: | Required (YES/NO) | Type: | Required (YES/NO) |
| Survey |  | Plumbing |  |
| Geo Tech |  | Fire Alarm |  |
| Civil |  | Fire Sprinkler |  |
| Landscaping |  | A/V |  |
| Architectural |  | City/Public Works details or schematic diagrams |  |
| Structural |  | Other: Haz Mat/EHS survey |  |
| Mechanical |  | Other: |  |
| Electrical |  | Other: |  |

**Statement of Special Inspections:** (Obtain statement of Special Inspections from the engineer of record. Note all that apply below)

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Inspection: | Required (YES/NO) | Type of inspection: | Required (YES/NO) |
| Soils/Compaction tests |  | Structural Steel welds |  |
| Drilled Foundations |  | Structural Wood Construction |  |
| Micro Pile Foundations |  | Mastic/Sprayed Fire Resistive Materials |  |
| Reinforcement Inspections |  | Smoke Controls |  |
| Embedded Anchors |  | Seismic Compliance |  |
| Concrete testing |  | Wood or Steel Fabrication Process |  |
| Masonry testing/inspections |  | Other: (describe) |  |
| Structural Steel |  | Table(s) inserted in project drawings? |  |

**Required Building Inspections:** (based on Building Inspector review, enter all inspections that apply below)

|  |  |  |  |
| --- | --- | --- | --- |
| Type of inspection: | Required (YES/NO) | Type of inspection: | Required (YES/NO) |
| Utilities (S, SS, CW, Domestic Water, Duct Bank, etc.) |  | Temporary Electric Service |  |
| Footings |  | Permanent Electric Service |  |
| Ground Works Plumbing |  | Gas Service |  |
| Slab/Deck Preps |  | Insulation |  |
| Structure/Framing |  | Fire Alarm/Fire Sprinklers |  |
| Rough Plumbing |  | Above ceiling inspections |  |
| Rough Mechanical |  | Final Inspection (no TCO/FCO required) |  |
| Rough Electric |  | Temporary Certificate of Occupancy (Substantial Completion) |  |
| Electrical Bonding |  | Final Certificate of Occupancy |  |
| Fire Barriers/Fire Blocking |  | Other: |  |

**Permit issuance type:** (select only one option) *Example of Conditional use: Permit is being issued to allow a temporary Assembly Use in a Business Use group building for a special event scheduled to last 2 days.*

|  |  |
| --- | --- |
| Type of Permit: | Check one |
| 1. Issued for the entire project |  |
| 1. Phased issuance (Project will be constructed in multiple phases)   Describe: |  |
| 1. Conditional Use (special use, limited duration, limited occupancy)   Describe: |  |

**Plan Code Review Form complete?** YES/NO (Attach plan code review form and route for appropriate approval)

**Approval signatures**:

Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UM AHJ (projects >$500K):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of permit issuance**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_