

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): _____

Project #/Building Name: _____

Approximate project value: _____ Room#/Suite/Area: _____

of floors: _____ Square Footage: _____

Construction type: _____ Protected (Sprinkled?) Y ___ N ___ Occupancy/Use group: _____

Brief description 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? Y ___ N ___

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?	

All fields above this line are to be completed by the Project Manager and/or Design Professional

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	
2. Phased issuance (Project will be constructed in multiple phases) Describe: _____	
3. Conditional Use (special use, limited duration, limited occupancy) Describe: _____	

Plan Code Review Form complete? Y ___ N ___ (Attach plan code review form and route for appropriate approval)

General Comments [Fillable Field]

Owner's Agent Signature: _____

Permit number: _____ Date permit created (MM/DD/YEAR) _____

Approval signatures:

Project Manager: _____

Director: _____

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

Date of permit issuance: _____