

# CITY OF NORTHMOOR

4907 NW WAUKOMIS DRIVE NORTHMOOR, MISSOURI 64151

PHONE: 816-741-6071 FAX 816-587-5129 Email clerk@northmoormo.gov

## PLUMBING PERMIT

### APPLICATION

**\$100.00 Fee**

- ❖ CERTIFICATE OF LIABILITY INSURANCE NAMING THE CITY OF NORTHMOOR AS CERTIFICATE HOLDER PROVIDED BY: ☐ CONTRACTOR ☐ MASTER PLUMBER
  - ❖ NO TAX DUE STATEMENT FROM THE STATE OF MISSOURI PROVIDED BY: ☐ CONTRACTOR ☐ MASTER PLUMBER
  - ❖ COPY OF CERTIFICATION NUMBER PROVIDED BY THE STATE: ☐ MASTER PLUMBER
- ☐ NEW CONSTRUCTION ☐ ADDITION ☐ REMODEL ☐ REPAIRS ☐ OTHER

#### CONTACT INFORMATION

DATE: \_\_\_\_\_ EXPIRES: \_\_\_\_\_ PERMIT # \_\_\_\_\_

PERMIT USE \_\_\_\_\_

WORK LOCATION: \_\_\_\_\_

OWNER AT LOCATION: \_\_\_\_\_ PHONE/CELL: \_\_\_\_\_

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

COMPANY/PERSON REQUESTING PERMIT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE/CELL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**STATE/CONTRACTOR LICENSE #:** \_\_\_\_\_

**MASTER PLUMBER:** \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

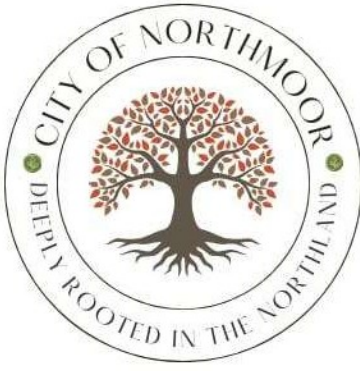
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NAME (PRINT): \_\_\_\_\_

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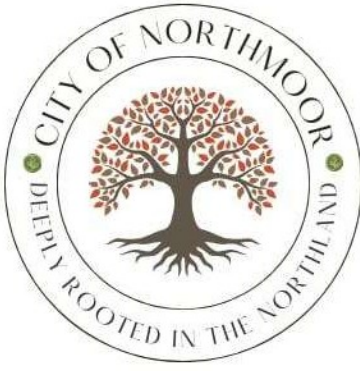
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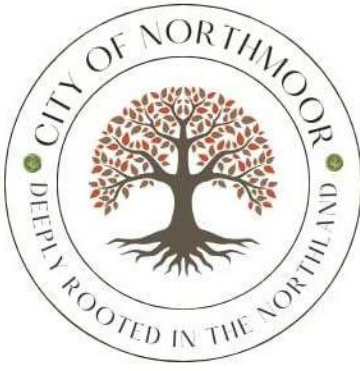
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