



## REDEVELOPMENT REVIEW APPLICATION

P.O. Box 295 Ozark, Missouri 65721  
 (417) 581-2407 Fax (417) 581-0353

### For Redevelopment of Existing Structures or Previously Developed Sites

Complete this application and submit it with a floor plan sketch to the Planning & Development Department. Submit sketches on a minimum 8 1/2" X 11" paper. Delineate on the sketches the existing plan and any proposed additions or improvements, inside and outside the existing building. We strongly recommend employing a Missouri licensed Architect or Engineer to accompany you on the inspection; for assembly uses (a restaurant or tavern, for example) this is required.

### Property Information

Property Address \_\_\_\_\_ Zoning \_\_\_\_\_

Subdivision \_\_\_\_\_ Phase \_\_\_\_\_ Lot # \_\_\_\_\_

Is the property located within a Historic District? Yes \_\_\_ No \_\_\_

### Renter Information

Name \_\_\_\_\_ Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email Address \_\_\_\_\_

### Owner Information

Name \_\_\_\_\_ Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email Address \_\_\_\_\_

### Contractor Information

Company Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email Address \_\_\_\_\_

### Architect/Engineer Information

Company Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email Address \_\_\_\_\_

<b>Description of proposed use (Required, please be as detailed and specific as you can).</b>
<b>Description of former use (Required, usually available from real estate agent or owner).</b>

Floor area (sq ft) \_\_\_\_\_ (Required, usually available from real estate agent or on lease agreement).

Will the proposed use include food service of any kind?  Yes  No

If yes, attach a written description of the food service operation (is food to be prepared on site or catered?) and a proposed menu or description of the food to be served.

Will the proposed use include liquor sales?  Yes  No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

**Inspections Required**

Inspections are to be phoned in to the request line at 417-581-8909. Inspections must be requested by 7:00 a.m. in order to be placed on the schedule for that day. The **required inspections** are footing (if applicable), electrical (if applicable), plumbing (if applicable), and final.

**I hereby certify the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of the City of Ozark and understand that this permit may be revoked if I fail to do so.**

The purpose of this document is to begin the review process. Additional information may be required.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature is of  Contractor  Owner  Agent for Owner

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Office Only

**Planning and Zoning Notes:** \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Building Inspector Notes:** \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permit Fees**

Redevelopment Review: (\$75) \$ \_\_\_\_\_

**Modifications to existing building**

Electrical: (\$30) \$ \_\_\_\_\_

Mechanical: (\$30) \$ \_\_\_\_\_

Plumbing: (\$150) \$ \_\_\_\_\_

Framing: (\$30) \$ \_\_\_\_\_

Final Inspection (PW): (\$150) \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_