



Barry County Health Department  
 65 Main P.O. Box 207  
 Cassville, MO 65625  
 417-847-2114 FAX 417-847-2116  
 www.barrycountyhealth.com

Permit NO. \_\_\_\_\_

Parcel ID \_\_\_\_\_ Legal desc. \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 S \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_

**Permit Application – Part 1**

Owner Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

911 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Property – Direction to site (include street and/or farm road numbers):** \_\_\_\_\_

**Type of Occupancy:** Residence: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_  
 New Home: \_\_\_\_\_ Existing Home: \_\_\_\_\_  
 Commercial: \_\_\_\_\_ Type: \_\_\_\_\_  
 No. of persons served if commercial: \_\_\_\_\_

Is the property located in a subdivision regulated by Missouri Department of Natural Resources: Yes \_\_\_ NO \_\_\_  
 Lot Number \_\_\_\_\_ A copy of MODNR's approval for the subdivision will be needed.  
 Subdivision Name: \_\_\_\_\_

***I certify that to my knowledge the information contained on this form is correct and that the proposed work will be completed in accordance with this plan and local code regulations.***

Owner/Installer: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ (Draw plans on back or attach separate page)

**For office use only**

Date received:		Money Received:
Date/Initials:	Approved	Notified:
_____ Initial Plans...	_____ Yes _____ No	_____
_____ Modification..	_____ Yes _____ No	_____
_____ Permit Issued.	_____ Yes _____ No	_____

Comments: \_\_\_\_\_

Public health makes life better.

An Equal Opportunity/Affirmative Action Employer: Services provided on a nondiscriminatory basis

