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): _____

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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

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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			

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