

City of Branson

APPLICATION FOR CONSTRUCTION PERMIT

Project Name		Project 911 Address		
Owner		Phone	Brief description of work:	
		Cell		
Mailing address		Email		
City of Branson licensed contractor		Phone	Estimated construction value of project:	
		Cell		
Mailing address		Email		
Missouri registered architect/engineer		Phone	Original signature of applicant I hereby certify I am the owner or duly authorized owner's agent, I have read this application and all information is correct. I further certify I have read, understand, and will comply with all the provisions outlined hereon. I also certify the plot plan submitted is a complete and accurate plan showing any and all existing and proposed structures on the subject property. PROVISIONS: The issuance of a permit shall not be construed to release the owner or owner's agents from the obligation to seek homeowners' or property owners' associations' approval where applicable or to comply with the provisions of all laws and ordinances, including federal, state, and local jurisdictions, which regulate construction and performance of construction. A permit will become null and void if the construction work authorized has not begun within 180 days from the date of issuance or if work is suspended or abandoned for 180 days prior to the final inspection.	
		Cell		
Mailing address		Email		
<input type="checkbox"/> Residential project: Will it be a rental property? <input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> Nightly <input type="checkbox"/> Monthly				
<input type="checkbox"/> Commercial project: Requires 2 wetseal drawings, 5 copies by a Missouri registered design professional, and the information filled in below:				
Square feet	# of seats	# of rooms	Occupancy load	# of employees
Code cycle year	Hazard type	Construction type	Use group	Sprinkler system
<input type="checkbox"/> New construction				
<input type="checkbox"/> Existing structure If project is related to existing structure, check all applicable boxes below:				
<input type="checkbox"/> Repair	<input type="checkbox"/> Alteration	<input type="checkbox"/> Addition	<input type="checkbox"/> Solar panel	
<input type="checkbox"/> Mechanical only	<input type="checkbox"/> Plumbing only	<input type="checkbox"/> Electrical only		
<input type="checkbox"/> Re-Roof	If you checked either of the 3 boxes to the left, please complete and attach a Re-Roof, Deck, or New electrical service installation worksheet			
<input type="checkbox"/> Deck				
<input type="checkbox"/> New electrical service				
Is the property in a floodplain? <input type="checkbox"/> Yes → If you checked Yes , please complete and attach a Floodplain Development Application Form <input type="checkbox"/> No				
This Section For Office Use Only				
Application reviewed and approved by:			Date	
Building				
Engineering/Public Works				
Fire				
Health				
Landscaping/Planning				
Utilities				

Office Use Only
Permit number
Date applied
Fees due
Project type category
of sets of plans submitted
<input type="checkbox"/> Plans in file <input type="checkbox"/> Rolled plans
Other documents submitted
<input type="checkbox"/> Roof/deck <input type="checkbox"/> Electrical Service <input type="checkbox"/> Structural Eng. report <input type="checkbox"/> Floodplain dev. app.



ELECTRICAL SERVICE INSTALLATION WORKSHEET

Project Address _____ Permit # _____
Office Use

Contractor or Owner Name _____

Service Provider (check a box): Empire Electric White River Electric

Electrical Service Upgrade (check a box): Residential Commercial

Please provide the following information.

1. Current size of service: _____ amp.
2. Current grounding system:

<input type="checkbox"/> ground rod	<input type="checkbox"/> grounding ring	<input type="checkbox"/> concrete encased electrode
<input type="checkbox"/> plate	<input type="checkbox"/> metal water service	
3. Proposed size of service upgrade: _____ amp.
4. Proposed grounding system update:

<input type="checkbox"/> ground rod	<input type="checkbox"/> grounding ring	<input type="checkbox"/> concrete encased electrode
<input type="checkbox"/> plate		
5. Current service: overhead underground
6. Proposed service: overhead underground

Per Branson Municipal Code (BMC) Section 18-47:

- The service disconnecting means shall be installed at a readily accessible location outside of a building or structure. This requirement shall apply when replacing an electric panel and when replacing a service disconnect not in a readily accessible location outside of a building or structure.
- Where an owner is doing work on **OWNERS** personal residence, all wiring from the point of utility connection into the structure shall be of copper conductors.

Per National Electric Code (NEC) 2014:

- The combination meter/main service disconnect enclosure to be installed shall be rated as a NEMA 3R.
- Service Grounding Conductors shall be sized accordingly as per 250.66 and Service Conductors as per 310.15.(B) (6) and properly identified.
- Connection of the Main Bonding Jumper as per 250.28
- Disconnect enclosures shall be properly/permanently identified, not located above stairs, properly bonded.
- Service riser conduit is to be of Schedule 80 if PVC, properly secured and clearances observed.
- If a metal sweep is used less than 18" below grade, it is to be bonded with the grounding conductor.

**CITY OF BRANSON
ELECTRICAL SERVICE INSTALLATION WORKSHEET**

Note: If a new service is replacing a combination disconnect/breaker panel that is located on the inside of the building, separate grounding and grounded buss terminals will be required and all conductors appropriately located. In addition, if this electric service installation is for new construction in multi-unit buildings, the drywall in the immediate area of the breaker panel and a GFIC must be installed (1-per floor). The panel cover must also be available for immediate installation after inspection.

After obtaining a permit and initiating the install, call the inspection line at 417-337-8505 for a rough in inspection to inspect any/all of the following:

- trench
- riser mounting/attachment
- bonding and grounding electrode placement/connections
- conductor applications

If approved, an orange “Approved” sticker will be placed on the enclosure and the Service Provider can be contacted for service activation. A final inspection is required. Please call the inspection line.

In the space below, or on a separate attached sheet, please diagram an overhead view, (site plan), showing the current and proposed service locations as well as any trenching and setback dimensions which will be incorporated into the work.

SITE PLAN



Utilities Plan Review – original
Water Distribution – 1 copy
Finance – 1 copy

WATER CONNECTION APPLICATION

Property Owner’s Name:_____

Property Owner’s Mailing Address:_____

Monthly Water Billing Address:_____

Property Owner’s Phone:_____ Date:_____

Installed Water Meter Billing Name, Address & Phone Number (If Different Than Above):

Meter Location & Address:_____

Size(S) & Intended Service of Meter(S) or Tap(S):

Domestic _____(Qty)_____ (Size) Irrigation _____(Qty)_____ (Size) Fire Tap _____(Qty)_____ (Size)

Ordinance #2013-0178 - Branson Municipal Code Section 90-26:

For Any Installation Of New Meter Service, The Applicant Shall Pay All City Costs For The Installation Including Meter, Parts, Materials, Labor And Equipment.

A Deposit Will Be Required Prior To Water Being Turned On!

Water Pressure Reducing Valve or Regulator: where water pressure within a building exceeds 80 psi static, an approved water pressure reducing valve conforming to ASSE 1003 with strainer shall be installed (by the property owner’s plumbing contractor) to reduce the pressure in the building water distribution piping to 80 psi static or less. Exceptions to this requirement are service lines to sill cocks and outside hydrants, and main supply risers where pressure for the mains is reduced to 80 psi or less at individual fixtures.

Date of installation may vary depending on availability of parts. Please allow for up to eight (8) weeks for installation.

I do hereby agree that the above billing address is the responsible party for payment of meter invoices. All payments are due and delinquent after 30 days of invoicing.

(Signature)



DATE: _____

SEWER CONNECTION APPLICATION

Name: _____ Phone #: _____

Driver's License #: _____ Date of Birth: _____

Mailing Address: _____

Sewer Connection 911 Address: _____

Is the Sewer Connection Address Located Within the City Limits: _____ Yes _____ No

Property Owner's Name: _____ Phone #: _____
(If Different Than Above)

Property Owner's Mailing Address: _____
(If Different Than Above)

Is the Sewer Service at the Location for:
___ Primary Home ___ Vacation Home ___ Rental Residence ___ Business ___ Other/ Explain: _____

Name of Water Company that Serves this Property: _____

Contractor Name: _____ Phone #: _____

City of Branson Building Sewer Specifications and Requirements

1. Customer shall pay for all costs associated to connection of sewer service to city sewer main including all construction cost, permit fees, inspection fees and sewer system connection charges.
2. Connections must be completed in accordance with the International Plumbing/Residential Code and all city specifications and requirements listed in chapter 90 of the Municipal Code.
3. Contractor or owner shall deposit a bond of \$500 with the Finance Department and contractors shall have a valid Contractor's License through the City of Branson before a permit will be issued.
4. Call 1-800-dig-rite for locates on utilities prior to excavation.
5. Call the Utilities Department (417-243-2731) at least 24 hours prior for all inspections and testing.

I do hereby agree to comply with all of the above city specifications and requirements and to pay all charges for water and/or sewer service at the above address as long as said service remains in my name. I will notify the city of branson in the event I discontinue service in my name at the above address and will submit a new forwarding mailing address at that time.

Applicant Name (Print): _____ Applicant Signature: _____

Starting Date of Service: _____

(Office Use Only)