



Barry County Health Department
 65 Main, PO Box 207
 Cassville, MO 65625
 417-847-2114 FAX 417-847-2116
 www.barrycountyhealth.org
 PART-ONE

FOR REPLACEMENT PARTS ONLY

Parcel ID _____ PERMIT TO REPAIR NO. _____

Owner's Name: _____ Daytime Phone # _____

Mailing Address _____

City State Zip

911 Address _____

City State Zip

Legal Description of Property: _____ 1/4 _____ 1/4, S _____ T _____ R _____

PROPERTY-Directions to site (include street names): _____

TYPE OF OCCUPANCY:

Residence: Number of Bedrooms _____ Number of persons in home _____

Commercial: Type _____ Number of persons or employees served _____

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: _____

Describe the REPAIR _____

I certify that to the best of my knowledge the information contained on this form is correct and the proposed work will be completed in accordance with the permit issued.

Owner/Representative

Name and Signature _____ Date: _____

Installer Daytime Phone NO: _____

For office use only

Date received:

Date/Initials _____ Approved _____
 _____ Initial Plans..... Yes ___ No
 _____ Modification..... Yes ___ No
 _____ Permit Issued.... Yes ___ No

Money Received:

Notified: _____

Comments: _____

Public health makes life better.

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



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AS – INSTALLED / AS – REPAIRED DRAWING

DRAWN BY: _____ FOR _____

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