

City of Branson

APPLICATION FOR CONSTRUCTION PERMIT

Project Name		Project 911																											
Owner		Address:																											
		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 _____	<p style="text-align: center;">Original Signature of Applicant</p> <p>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. <u>PROVISIONS:</u> The issuance of a permit shall not be construed to release the owner or owner's agents from the obligation 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.</p>																										
		Cell _____																											
		Mailing address			Email _____																								
<p>Residential Project: Will this be a rental? No</p> <p style="padding-left: 150px;">Yes → Nightly Monthly</p>																													
<p>Commercial Project: requires 2 wetseal drawings and 5 copies by a Missouri registered design professional</p>																													
<p>New construction</p> <p>Existing structure: If project is related to existing structure, check all boxes below that apply:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Repair</td> <td style="width: 20%;">Alteration</td> <td style="width: 20%;">Addition</td> <td style="width: 20%;">Solar Panel</td> <td></td> </tr> <tr> <td>Mechanical Only</td> <td>Plumbing Only</td> <td>Electrical Only</td> <td></td> <td></td> </tr> <tr> <td>Re-roof</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deck</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>New electrical service</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p style="margin-left: 150px;">} If you checked either of the 3 boxes to the left, please complete and attach the required worksheet.</p>					Repair	Alteration	Addition	Solar Panel		Mechanical Only	Plumbing Only	Electrical Only			Re-roof					Deck					New electrical service				
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<p>Are you building in a floodplain? Yes If you checked Yes, please complete and attach a Floodplain Development Application Form</p> <p style="padding-left: 150px;">No</p>		<p>Applicant signature _____ Date _____</p> <p>Print name _____</p>																											
<p>Are building plans or construction documents being supplied as part of this application? Yes</p> <p style="padding-left: 150px;">No</p>																													
This Section For Official Use Only																													
square feet		# of seats	# of rooms	occupancy load	<p>Application reviewed and approved by: _____ Date _____</p> <p>Building _____</p> <p>Engineering/PW _____</p> <p>Fire _____</p> <p>Health _____</p> <p>Landscaping/Planning _____</p> <p>Utilities _____</p>																								
in floodplain		hazard type	construction type	use group																									

Office Use Only
Permit number
Date applied
Fees due
Project Type Category
of sets of plans submitted
Plans in file
Rolled plans
Other documents submitted
Roof/Deck
Electrical Serv.
Structural Eng. Report
Floodplain Dev. App.



TELECOMMUNICATIONS WORKSHEET

Submittal date _____ Contract # _____ Permit # _____

PROJECT INFORMATION

Location name _____ Address _____

CARRIER INFORMATION

Carrier name _____ Contact name _____

Contact phone # _____ Contact email _____

Contract: Attached

AGENT

Agent _____ Contact name _____

Contact phone # _____ Contact email _____

Proof of insurance: Attached

Carrier's Letter of Authorization: Attached

CONTRACTOR

Contractor _____ Contact name _____

Contact phone # _____ Contact email _____

Contractor License: Attached

Proof of insurance: Attached

Carrier's Letter of Authorization: Attached

SUBCONTRACTOR

Subcontractor _____ Contact name _____

Contact phone # _____ Contact email _____

Contractor License: Attached

Proof of insurance: Attached

Carrier's Letter of Authorization: Attached

PROJECT TYPE

New equipment (installation):

Two (2) wetseal & five (5) copies of structural plans

Existing equipment:

Maintenance to existing equipment

Upgrading/expansion of existing equipment

Replacement of existing equipment

Worksheet reviewed and approved by: _____ Date: _____

CITY OF BRANSON INSURANCE REQUIREMENTS

COMMERCIAL GENERAL LIABILITY:

\$2,734,567.00 single accident or occurrence
-bodily injury and property damage
\$ 410,185.00 single accident or occurrence, any one person
-bodily injury or death

AUTOMOBILE LIABILITY INSURANCE:

\$2,734,567.00 single accident or occurrence
-bodily injury and property damage owned, non-owned and hired
vehicles
\$ 410,185.00 single accident or occurrence, any one person
-bodily injury or death

WORKERS' COMPENSATION and EMPLOYERS' LIABILITY:

\$1,000,000.00 Limit

*Note: January 1 of each year the sovereign immunity level is reviewed by the state of Missouri, which could change our insurance levels.

CITY OF BRANSON NAMED ON POLICY

All insurance policies shall list the City of Branson as the additional insured for the Commercial General Liability as well as the Automobile Liability.

Please use the following address: City of Branson
Attn: Contract Management
110 W Maddux Street, Ste. 205
Branson, MO 65616

No policy can be canceled without a 30 day written notice to the City of Branson.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Name and Address of Sub Contractor	INSURER A: Carrier	
	INSURER B: Carrier	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR. ADD'L LTR. INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC.	Policy #	Eff Date	Exp Date	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A X	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Policy #	Eff Date	Exp Date	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: / EA ACC \$ AGG \$
A X	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ XXXXX	Policy #	Eff Date	Exp Date	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Policy #	Eff Date	Exp Date	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER				

EXAMPLE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 City of Branson, 110 W. Maddux St., Suite 205, Branson, MO 65616 is listed as Additional Insured on policy.

CERTIFICATE HOLDER (417) 335-4354 Fax City of Branson Attn: Contract Management 110 W. Maddux Street, Ste. 205 Branson, MO 65616	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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FAQ - TOWER INSTALLATION AND UPGRADES

1. How do I determine if a telecommunication tower is located within the city limits?

By providing the property's parcel ID number or its 911 address, staff will be able to verify whether a tower's location is within the city limits or not.

2. Will a building permit be required for work associated with a telecommunication tower?

Yes, a permit is always required regardless of the scope of work. A building permit application will not only cover your proposed work, but will also cover the City's authorization if the work is to be performed on City property.

3. How many sets of construction drawings would be required? What size do they have to be? Do they have to be originals, or can they be copies?

If the proposed scope of work includes anything other than replacement of existing components:

- Five (5) sets of plans will be required.
- 2 originals sealed, and 3 copies with seal.
- Plans are typically 24" x 36", but 11" x 17" may be submitted as long as they are legible. If printing plans smaller makes them difficult to read, we will need 24" x 36".

4. Is a structural analysis required?

Yes, if any structural work is done on or to the tower and/or the building housing the equipment.

5. Are permit fees required with the application, or are they determined after the review process is complete?

A filing fee and plan review fee is required at the time of submittal, and all other fees are due at the time of the permit's issuance. All fees are calculated based on the estimated value of the scope of work, (cost of work), for the project. The permit fee is \$5.30 per \$1,000 of the estimated value and the Plan Review fee is 50% of the determined permit fee. Additionally, a Filing Fee of \$62.00 will also be required.

6. If I am only doing electrical work, will a permit be required?

Yes. Again, all work associated with a telecommunication tower requires a permit. Please be sure to provide for everything included in the scope, or an addendum and associated fees will be required.

7. Is a business license required?

No, but a City of Branson Contractor's License will be required to do any work within the city limits. A Contractor Registration Form is located on the City's website at www.bransonmo.gov or at City Hall in person.

**CITY OF BRANSON
TOWER INSTALLATION F&Q AND HELPFUL INFORMATION**

1. Can the Building Application be found on the City’s website?

Yes. <http://www.cityofbranson.org/DocumentCenter/Home/View/5610>

OTHER HELPFUL INFORMATION

- All submitted plans, details and specifications will be reviewed based on the Branson Municipal Code and the adopted and amended ICC 2015 International Building, Plumbing, Mechanical, Fire, Fuel Gas Codes, the 2014 National Electrical Code, and the 2009 edition of the ICC/ANSI A117.1 Accessibility Code.
- All submitted plans shall be drawn, signed, and sealed by a **Missouri Registered Design Professional**.
- All plan sheets shall be 24” X 36”. Please submit 5 sets of drawings – 2 of which must have the wet stamp seals.
- Special inspections, where applicable, must follow the procedures in the IBC Section 1704.
- City of Branson Climate and Geographic Design Criteria:

Ground snow load	15 psi
Wind speed	90 mph
Seismic zone	B
Damage from weathering	Severe
Frost line depth	18”
Damage from termites	Moderate/heavy
Damage from decay	Slight/moderate
Wind design temperature	12 deg.