

Dock Inspection Application

Ameren Missouri Dock Permit #: _____ Ready to Inspect (check one): Yes / No

Date of Application: _____ # of Wells: _____ Start Date for Electricity: _____

For Transfer of Ownership, Sale Closing Date (if applicable): _____

Address of Dock Site: _____

Directions: _____

Description of Work being done: _____

Owner of Property: _____ **Phone:** _____

Email Address: _____

Mailing Address: _____

Realtor (if applicable): _____ **Phone:** _____

Email Address: _____

Dock Electrician: _____ **Phone:** _____

Address: _____

I hereby certify that the proposed work will abide by all applicable electric codes and fire prevention codes enforced by the district and have been authorized by the owner of record to make this application as their authorized agent.

Signature of Agent or Owner

By signing this form I understand that this document will be scanned and attached electronically to my electronic file that Osage Beach Fire Protection District has set up for my account and that this document will thereafter be shredded

Administration Use Only

Permit Issued By: _____ **Title:** _____

Permit Fee: _____ **Date Issued:** _____ **Permit Number:** _____

Date of Inspection: _____ **By:** _____ **Approved:** _____

Re-Inspection Date: _____ **By:** _____ **Approved:** _____