

**CHECK WITH
THE FIRE DEPT
FOR PERMITS**



BUILDING PERMIT APPLICATION

Tel: (636) 498-6565 Fax: (636) 498-6575

Date Received: _____

Date of Application _____ / _____ / _____

Building Permit #: _____

Proposed Project Name: _____

Project Address: _____ Estimated Cost of Const. \$ _____

Subdivision: _____ Lot No. _____ Lot Size: _____

Owner: _____
Last Name First Name Middle Initial Telephone Number

Owners Address: _____
Street City State Zip Code

Description of Work: _____ Total Square Feet of Building/Tenant Area: _____

Type of Work	Type of Structure	
	Residential	Non-Residential
<input type="checkbox"/> New Construction	<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Assembly (Restaurant/Bars/Churches)
<input type="checkbox"/> Addition	<input type="checkbox"/> Garage	<input type="checkbox"/> Business
<input type="checkbox"/> Alteration	<input type="checkbox"/> Deck	<input type="checkbox"/> Educational
<input type="checkbox"/> Replacement	<input type="checkbox"/> Shed (120 sq ft or greater)	<input type="checkbox"/> Factory
<input type="checkbox"/> Repair	<input type="checkbox"/> Basement Finish	<input type="checkbox"/> Retaining Wall
<input type="checkbox"/> Interior Finish	<input type="checkbox"/> Swimming Pool / Hot tub	<input type="checkbox"/> Institutional
<input type="checkbox"/> Occupancy	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Mercantile
<input type="checkbox"/> Demolition	<input type="checkbox"/> Other:	<input type="checkbox"/> Storage
<input type="checkbox"/> Change of Use	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

I hereby certify the proposed work is authorized by the owner of record and I have been authorized by the owner to make application as his/her agent. By signing this application, the applicant agrees to comply with all the rules and regulations of the City of Cottleville, MO, which provides for penalties for non-compliance.

Permit Applicant: (Builder/Contractor/Owner)		Telephone Number:	Signature and Print Name: X _____
Electrical Contractor	St. Charles County License #	Telephone Number:	Contractor Signature & Print Name: X _____
Plumbing Contractor	St. Charles County License #	Telephone Number:	Contractor Signature & Print Name: X _____
Mechanical Contractor	St. Charles County License #	Telephone Number:	Contractor Signature & Print Name: X _____

Permit Approved By City Inspector:	CITY FEES	
	Permit Fee	\$ _____
Date Permit Issued:	Plan Review Fee	\$ _____
	TOTAL FEES:	\$ _____

*** FOR ANY NEW BUSINESSES, A BUSINESS LICENSE SHALL ALSO BE SUBMITTED;**