

**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"/> Small Wireless	<input type="checkbox"/> Storage
<input type="checkbox"/> Fence	<input type="checkbox"/> Substantial Modification of Wireless Support Structure	<input type="checkbox"/> Other Wireless Modification to Support Structure
<input type="checkbox"/> New Wireless Support Structure		

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:	<b>CITY FEES</b>	
	Permit Fee	\$ _____
Date Permit Issued:	Plan Review Fee	\$ _____
	<b>TOTAL FEES:</b>	<b>\$ _____</b>

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

**\*\* THE RATE FOR COLLATION OF A SMALL WIRELESS FACILITY TO A CITY POLE IS \$150.00 PER YEAR PER POLE**

**\*\*\* NEW WIRELESS APPLICATIONS AND SUBSTANTIAL MODIFICATIONS REQUIRE A CONDITIONAL USE PERMIT**