

ALL APPLICATIONS MUST BE ACCOMPANIED WITH HOMEOWNER/RENTER PHOTO ID

Date Received: _____



BUILDING PERMIT APPLICATION

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

CHECK WITH THE FIRE DEPT FOR PERMITS 636.447.6655

Date of Application _____ / _____ / _____

Permit No. _____

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: |

I hereby certify that 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.

| Applicant (Builder/Contractor/Owner) | Telephone: | Address | Signature and Print Name |
|--------------------------------------|------------------------|---------|-------------------------------------|
| Electrical Contractor | Telephone | Address | X _____ Signature and Print Name |
| Plumbing Contractor | License # Telephone | Address | X _____ Signature and Print Name |
| Mechanical Contractor | License # Telephone | Address | X _____ Signature and Print Name |

| STATEMENT OF GRADING & DRAINAGE (Residential Only) | APPROVALS |
|--|---|
| I, _____, as an authorized representative for the builder, do hereby acknowledge and accept responsibility for assuring that lot # _____ of _____ subdivision complies with the approved grading and drainage plans. | <input type="checkbox"/> Planning & Zoning _____ / _____ / _____ |
| | <input type="checkbox"/> Variance _____ / _____ / _____ |
| | <input type="checkbox"/> Construction Site Plan _____ / _____ / _____ |

| FLOOD PLAIN INFORMATION | Permit Issued By: | FEES | |
|--|---------------------|-----------------|----------|
| F.I.R.M Panel | Date Permit Issued: | Permit Fee | \$ _____ |
| Zone: | | Plan Review Fee | \$ _____ |
| L.O.M.C. Case # | Permit Expires: | | \$ _____ |
| Value of Structure \$ | | | \$ _____ |
| Elevation Certificate Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No | | TOTAL FEES: | \$ _____ |

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

ANNUAL COMMUNICATION FEE IS \$6,000.00