

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: _____ Email: _____

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 (See Guidelines)	<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 X _____
Electrical Contractor	Telephone	Address	Signature and Print Name X _____
	License #		
Plumbing Contractor	Telephone	Address	Signature and Print Name X _____
	License #		
Mechanical Contractor	Telephone	Address	Signature and Print Name X _____
	License#		

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