



APPLICATION FOR BUILDING PERMIT

Complete all sections on both pages except for the two sections marked "For Office Use".

Application Date _____

PROJECT INFORMATION & LOCATION:

Project Type: <input type="checkbox"/> Commercial, <input type="checkbox"/> Multifamily, <input type="checkbox"/> Residential		Project Name: _____	
Structure Type: <input type="checkbox"/> Existing Building, <input type="checkbox"/> New Building, <input type="checkbox"/> Non-Habitable, <input type="checkbox"/> Temporary Structure			
Project Address _____		Unit/Suite/Floor _____	Zip Code _____
Locator/ Parcel No. _____	Subdivision or Building/Center Name _____		Lot No. _____
<input type="checkbox"/> Unincorporated County, or Municipality _____		Fire District _____	

WORK DESCRIPTION:

Brief description of building construction scope of work:

OWNER/TENANT INFORMATION:

Property Owner _____					
	Last Name	First	Telephone	Fax	Email
Owner's Address _____					
Street Address			City	State	Zip Code
Tenant/Business Name/Use _____					<input type="checkbox"/> Existing, <input type="checkbox"/> New*
*If a New Tenant/Business Use indicate the Previous Tenant/Business Use _____					

ARCHITECT/ENGINEER INFORMATION:

Name & Address _____	Telephone _____	Fax _____	Email _____
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PRIMARY CONTACT INFORMATION IF OTHER THAN APPLICANT:

Name & Address _____	Telephone _____	Fax _____	Email _____
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APPLICANT CERTIFICATION & INFORMATION

I CERTIFY THAT I AM THE OWNER IN FEE OR AGENT AUTHORIZED TO APPLY FOR THIS PERMIT, THAT I HAVE AN AGREEMENT WITH THE OWNER/LESSEE TO PERFORM THIS WORK; AND THAT I AM AUTHORIZED TO AND DO CONSENT TO ENTRY ONTO THE PREMISES BY ST. LOUIS COUNTY EMPLOYEES FOR INSPECTION OF WORK PERFORMED UNDER THIS PERMIT. THE SCOPE OF WORK INDICATED AND COST ESTIMATES ARE TRUE AND CORRECT.

IF A PARTIAL PERMIT IS BEING REQUESTED, I REQUEST AUTHORIZATION TO PROCEED WITH THE CONSTRUCTION INDICATED IN ORDER TO ALLOW CONSTRUCTION TO COMMENCE. I ACKNOWLEDGE THAT IF AUTHORIZATION IS GIVEN THAT I WILL BE PROCEEDING AT MY OWN RISK WITHOUT ASSURANCE THAT A PERMIT FOR THE ENTIRE WORK OR STRUCTURE WILL BE GRANTED. I AM RELEASING ALL LIABILITY, INDEMNIFYING AND HOLDING HARMLESS ST. LOUIS COUNTY, ITS OFFICERS, EMPLOYEES, AGENTS, AND ANY ASSIGNS FOR ANY EXPENSE, ERROR, OR OMISSION RESULTING IN SUCH ISSUANCE. SHOULD IT BE DETERMINED AT ANY TIME BY ST. LOUIS COUNTY THAT THE AUTHORIZED CONSTRUCTION NEEDS TO BE REMOVED, MOVED, CORRECTED, OR MODIFIED IN ANY FASHION, THAN SUCH REMOVAL OR CORRECTIVE WORK WILL BE AT OUR EXPENSE.

Contractor Name & Address _____	Tel No. _____	Reg # _____	Signature _____
	Fax # _____	Date _____	Printed Name _____
	Email _____		
Applicant Other Than Contractor <input type="checkbox"/> Owner, <input type="checkbox"/> Architect, <input type="checkbox"/> Engineer, <input type="checkbox"/> Tenant, <input type="checkbox"/> Other _____			
Name & Address _____	Tel # _____	Reg # _____	Signature _____
	Fax # _____	Date _____	Printed Name _____
	Email _____		

PERMIT NO. _____

TYPE OF WORK	TYPE OF STRUCTURE																																					
<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Replacement <input type="checkbox"/> Repair <input type="checkbox"/> Foundation <input type="checkbox"/> Shell <input type="checkbox"/> Interior Finish <input type="checkbox"/> Fire/Storm Damage <input type="checkbox"/> Occupancy <input type="checkbox"/> Miscellaneous Work	<p align="center">RESIDENTIAL</p> <input type="checkbox"/> Single-Family <input type="checkbox"/> Two-Family <input type="checkbox"/> Townhouse(s) Note: Two-Family and Townhouse type buildings must be independent dwelling units with individual entrances. No common areas permitted. Townhouses are side-by-side units. They can not be stacked. A Two-Family may be stacked.	<p align="center">MULTI-FAMILY</p> <input type="checkbox"/> 3 or 4 Multi-Family <input type="checkbox"/> 5 or more Multi-Family Units/Building _____ Units/Permit _____ Note: Multi-Family buildings have common areas such as common entry stairs, corridors, hallways, breezeways, and/or common basement areas.	<p align="center">COMMERCIAL</p> <p>ASSEMBLY</p> <input type="checkbox"/> Theatres <input type="checkbox"/> Restaurant <input type="checkbox"/> Night Club <input type="checkbox"/> Churches/Religious <input type="checkbox"/> Recreation Center <input type="checkbox"/> Exhibition Hall <input type="checkbox"/> Banquet Center <input type="checkbox"/> Taverns & Bars <p>BUSINESS</p> <input type="checkbox"/> Office/Bank/Professional <input type="checkbox"/> Carwash <input type="checkbox"/> Clinic <input type="checkbox"/> Fire Station <input type="checkbox"/> Doctor's Offices <input type="checkbox"/> Laboratories <p>EDUCATION</p> <input type="checkbox"/> Schools <input type="checkbox"/> Child Day Care <p>FACTORY/INDUSTRIAL</p> <input type="checkbox"/> Manufacturing Plant <input type="checkbox"/> Industrial Laboratories <input type="checkbox"/> Utilities <p>HIGH HAZARD</p> <input type="checkbox"/> Flam. & Comb. Liquids Storage or Manufacturer <input type="checkbox"/> Tire Storage (Bulk) <input type="checkbox"/> Other High-Hazard Storage or Manufacturer <p>INSTITUTIONAL</p> <input type="checkbox"/> Nursing Home <input type="checkbox"/> Day Nurseries <input type="checkbox"/> Hospitals <input type="checkbox"/> Jails <input type="checkbox"/> Residential Care and Assisted Living <p>MERCANTILE</p> <input type="checkbox"/> Retail/ Wholesale/Stores <input type="checkbox"/> Service Station <input type="checkbox"/> Markets <p>RESIDENTIAL</p> <input type="checkbox"/> Dormitories <input type="checkbox"/> Hotels/Motels <p>STORAGE</p> <input type="checkbox"/> Office/Warehouse <input type="checkbox"/> Lumber Yard <input type="checkbox"/> Repair Garage <input type="checkbox"/> Parking Garage	<p align="center">NON-HABITABLE</p> <input type="checkbox"/> Antennas <input type="checkbox"/> Attached Garage <input type="checkbox"/> Barn <input type="checkbox"/> Carport <input type="checkbox"/> Detached Garage <input type="checkbox"/> Fence <input type="checkbox"/> Fireplace <input type="checkbox"/> Generators <input type="checkbox"/> Patio Cover <input type="checkbox"/> Patio/Deck/Porch <input type="checkbox"/> Pergola <input type="checkbox"/> Res. Greenhouse <input type="checkbox"/> Retaining Walls <input type="checkbox"/> Shed <input type="checkbox"/> Signs <input type="checkbox"/> Solar Panel/Array <input type="checkbox"/> Swimming Pool* <input type="checkbox"/> Tanks <input type="checkbox"/> Tower <input type="checkbox"/> Trash Enclosure <input type="checkbox"/> Other <input type="checkbox"/> Parking Lot, *Use Swimming Pool Forms																																		
BUILDING																																						
<p align="center">Residential</p> Disciplines In Work Scope: <input checked="" type="checkbox"/> Bldg <input type="checkbox"/> LD <input type="checkbox"/> Mech <input type="checkbox"/> Elec <input type="checkbox"/> Plmb Master Plan # _____ Master Plan Option(s): _____ Construction Class: <input type="checkbox"/> Wood Frame (Type VB) <input type="checkbox"/> Other _____ Finished/Habitable Area _____ sq. ft. Width _____ Depth _____ Stories _____ Basement: <input type="checkbox"/> Yes, <input type="checkbox"/> No Basement Type: <input type="checkbox"/> Finished with Walkout <input type="checkbox"/> Unfinished with Walkout <input type="checkbox"/> Finished with no Walkout <input type="checkbox"/> Unfinished with no Walkout Foundation Type: <input type="checkbox"/> Spread Footing, <input type="checkbox"/> Piers, # _____ <input type="checkbox"/> Other _____ Ground Condition: <input type="checkbox"/> Compacted/Fill, <input type="checkbox"/> Virgin Soil Site Sewage Disposal: <input type="checkbox"/> Sewer, <input type="checkbox"/> Septic, <input type="checkbox"/> Other _____ Bedrooms # _____, Baths # _____ Other Building Features: <input type="checkbox"/> Sprinklers <input type="checkbox"/> Elevator		<p align="center">Commercial & Multi-Family</p> Occupancy/Use Group(s) _____ Construction Class: _____ Max. # of Occupants: Entire Building _____ Room _____ Room _____ Room _____ Building Footprint Area _____ sq. ft. Width _____ Depth _____ Stories _____ Foundation Type: <input type="checkbox"/> Spread Footing, <input type="checkbox"/> Piers, # _____ <input type="checkbox"/> Other _____ Ground Condition: <input type="checkbox"/> Compacted/Fill, <input type="checkbox"/> Virgin Soil Site Sewage Disposal: <input type="checkbox"/> Sewer, <input type="checkbox"/> Septic, <input type="checkbox"/> Other _____ Fire Alarm: <input type="checkbox"/> New, <input type="checkbox"/> Existing Sprinklers: <input type="checkbox"/> New, <input type="checkbox"/> Existing Elevators: <input type="checkbox"/> New, <input type="checkbox"/> Existing Atrium: <input type="checkbox"/> New, <input type="checkbox"/> Existing <input type="checkbox"/> Height/Area Increase For Sprinklers <input type="checkbox"/> Perimeter/Frontage Increase <input type="checkbox"/> High Rise Building <input type="checkbox"/> Unlimited Area Building																																				
Parking Lot Applications: _____ spaces Sign Applications: Type of sign(s) _____ # _____ Size(s) _____ Comments/Information: _____ Other Permit References: _____ Estimated Cost of Building Construction Work*: \$ _____ *On Residential include Building, LD, Elec., Mech., and Plmb. in the Construction Cost.																																						
<p>FOR OFFICE USE</p> <input type="checkbox"/> Record Check _____ <input type="checkbox"/> Fire Alarm Plans Reviewed/Approved <input type="checkbox"/> Violation Check _____ <input type="checkbox"/> Transient Employer Documents <input type="checkbox"/> Notified _____ Date _____ <input type="checkbox"/> #OP _____ <input type="checkbox"/> PA <input type="checkbox"/> Flat <input type="checkbox"/> Closet PAC No. _____ MSD P# _____ Permit No. _____																																						
<p align="center">FOR OFFICE USE</p> Zoning Dist. _____ <input type="checkbox"/> Gov't / Public Owned <p align="center">PERMIT FEES</p> <table border="1"> <tr><td>Processing</td><td>_____</td></tr> <tr><td>Building</td><td>_____</td></tr> <tr><td>Electrical</td><td>_____</td></tr> <tr><td>Plumbing</td><td>_____</td></tr> <tr><td>Mechanical</td><td>_____</td></tr> <tr><td>Drainlaying</td><td>_____</td></tr> <tr><td>Piers</td><td>_____</td></tr> <tr><td>Foundation</td><td>_____</td></tr> <tr><td>Land Disturb.</td><td>_____</td></tr> <tr><td>Inspection</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>Penalty</td><td>_____</td></tr> <tr><td>Total Fees</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>Filing Fee Pd</td><td>_____</td></tr> <tr><td>Balance Due</td><td>_____</td></tr> <tr><td>Fees Paid</td><td>_____</td></tr> </table> Date Issued ____/____/____ Issued By _____ <p align="center">APPROVALS & DATE</p> Est. Cost _____ Zoning Rev. _____ Plan Rev. _____ Box No. _____ <input type="checkbox"/> Folder					Processing	_____	Building	_____	Electrical	_____	Plumbing	_____	Mechanical	_____	Drainlaying	_____	Piers	_____	Foundation	_____	Land Disturb.	_____	Inspection	_____	_____	_____	Penalty	_____	Total Fees	_____	_____	_____	Filing Fee Pd	_____	Balance Due	_____	Fees Paid	_____
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