

ST. LOUIS COUNTY PERMIT APPLICATION

FOR PARTIAL BUILDING PERMITS

PERMIT PROCESSING, 6TH FLOOR
DEPARTMENT OF PUBLIC WORKS
ST. LOUIS COUNTY GOV'T CENTER
41 S CENTRAL, CLAYTON, MO 63105

(Please Type or Print Legibly in Ink,
Complete All Parts, and Sign Application)

PAC No. _____

DATE OF APPLICATION _____/_____/_____

PROJECT ADDRESS _____ SUITE/FLOOR NO. _____ ZIP CODE _____

UNINCORP. COUNTY YES, SUBDIVISION or
or MUNICIPALITY _____ BLDG./CENTER _____ LOT NO. _____

DESCRIPTION OF WORK _____

PROPERTY OWNER _____ () _____ GOV'T OWNED YES
LAST NAME FIRST TELEPHONE #

STREET ADDRESS CITY STATE ZIP CODE

TENANT/BUSINESS NAME _____ EXISTING, NEW

TYPE OF WORK	TYPE OF STRUCTURE		
<input type="checkbox"/> 06 FOUNDATIONS <input type="checkbox"/> 19 MISCELLANEOUS <input type="checkbox"/> STRUCTURAL FRAMING <input type="checkbox"/> INTERIOR PART STUDS ONLY <input type="checkbox"/> OTHER (Attach description)	RESIDENTIAL <input checked="" type="checkbox"/> 0801 5 or 6 FAMILY <input checked="" type="checkbox"/> 0802 3 or 4 FAMILY <input type="checkbox"/> 0803 3 or 4 FAMILY <input type="checkbox"/> 0804 5 or MORE FAMILY <input type="checkbox"/> 0805 DORMITORIES <input type="checkbox"/> 0806 HOTELS/MOTELS	COMMERCIAL ASSEMBLY <input type="checkbox"/> 0101 THEATRES <input type="checkbox"/> 0102 RESTAURANT <input type="checkbox"/> 0103 NIGHT CLUB <input type="checkbox"/> 0104 CHURCHES & OTHER RELIGIOUS <input type="checkbox"/> 0105 RECREATION CENTER <input type="checkbox"/> 0106 EXHIBITION HALL BUSINESS <input type="checkbox"/> 0201 OFFICE BANK PROFESSIONAL <input type="checkbox"/> 0202 CARWASH <input type="checkbox"/> 0203 CLINIC <input type="checkbox"/> 0204 FIRE STATION <input type="checkbox"/> 0205 DOCTOR'S OFFICES <input type="checkbox"/> 0206 LABORATORIES EDUCATION <input type="checkbox"/> 0301 SCHOOLS <input type="checkbox"/> 0302 CHILD DAY CARE FACTORY AND INDUSTRIAL <input type="checkbox"/> 0401 MANUFACTURING PLANT <input type="checkbox"/> 0402 INDUSTRIAL LABS <input type="checkbox"/> 0403 UTILITIES HIGH HAZARD <input type="checkbox"/> 0501 FLAM. & COMB. LIQUIDS STORAGE OR MANUFACTURER <input type="checkbox"/> 0502 TIRE STORAGE (BULK) INSTITUTIONAL <input type="checkbox"/> 0601 NURSING HOME <input type="checkbox"/> 0602 DAY NURSERIES <input type="checkbox"/> 0603 HOSPITALS <input type="checkbox"/> 0604 JAILS MERCANTILE <input type="checkbox"/> 0701 RETAIL/WHOLESALE/STORES <input type="checkbox"/> 0702 SERVICE STATION <input type="checkbox"/> 0703 MARKETS STORAGE <input type="checkbox"/> 0901 OFFICE/WAREHOUSE <input type="checkbox"/> 0902 LUMBER YARD <input type="checkbox"/> 0903 REPAIR GARAGE <input type="checkbox"/> 0904 PARKING GARAGE	NON-HABITABLE <input type="checkbox"/> 1001 TANKS <input type="checkbox"/> 1002 RETAINING WALLS <input type="checkbox"/> 1004 ATTACHED GARAGE <input type="checkbox"/> 1010 SIGNS <input type="checkbox"/> 1012 SWIMMING POOL <input type="checkbox"/> 1014 OTHER
BUILDING			
USE GROUP (S) _____ CONSTRUCTION CLASS _____ DEPTH _____ WIDTH _____ AREA _____ STORIES _____ SEWER <input type="checkbox"/> SEPTIC/TREAT PLT. <input type="checkbox"/> BASEMENT YES <input type="checkbox"/> FOUNDATION TYPE: <input type="checkbox"/> SPRED FT. <input type="checkbox"/> PIERS # OF _____ <input type="checkbox"/> OTHER _____ GROUND CONDITION: VIRGIN SOIL <input type="checkbox"/> COMPACTED/FILLED SOIL <input type="checkbox"/> SPRINKLERS YES <input type="checkbox"/> HIGH RISE YES <input type="checkbox"/> FRONTAGE INCREASE YES <input type="checkbox"/> UNLIMITED AREA YES <input type="checkbox"/> EST. COST OF PARTIAL BUILDING CONST \$ _____			
Applicant's Statement of Understanding			
Pursuant to Section 108.7 of the Building Code; I, the owner or authorized contractor/agent for the owner, request authorization to proceed with the construction indicated above for the project referenced in order to allow construction to commence while we are awaiting completion of the construction drawings that if authorization is given 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 assigns for any expense, error, or omission resulting from 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, then such removal or corrective work will be at my expense.			
	FOR OFFICE USE ONLY <input type="checkbox"/> MP52 ✓		

For Office Use

LOC. NO. _____

PERMIT NO. _____

TYPE _____

I CERTIFY THAT I AM THE CONTRACTOR/AGENT AUTHORIZED TO APPLY FOR THIS PARTIAL PERMIT AND THAT I HAVE AN AGREEMENT WITH THE OWNER/LEASEE TO PERFORM THIS WORK. THE SCOPE OF WORK INDICATED AND COST ESTIMATES ARE TRUE AND CORRECT.			
CONTR. NAME & ADDRESS	TEL NO.	LIC. NO.	SIGNATURE:
		REG. NO.	
	FAX NO.	DATE:	PRINTED NAME:
	EMAIL		