

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 type="checkbox"/> 0801 SINGLE FAMILY <input checked="" type="checkbox"/> 0802 TWO 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 \$ _____			
FOR OFFICE USE			
ZONING _____ FIRE DIST. _____ PERMIT FEES PROCESSING _____ BUILDING _____ INSPECTION _____ PENALTY _____ TOTAL _____ FEES PAID _____ DATE ISSUED ____/____/____ ISSUED BY _____ APPROVALS & DATE ZONING ENF. _____ PLAN REV. _____ BOX NO. _____			
FOR OFFICE USE ONLY			
<input type="checkbox"/> MP52 <input checked="" type="checkbox"/>			

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		