Application Received By: _____
Date Received: _____

CITY OF O'FALLON

PERMIT APPLICATION

100 North Main Street, O'Fallon, MO 63366
Tel: (636) 379-5660 fax: (636) 379-5695
Email: permits@ofallon.mo.us

COMMERCIAL

Proposed Project Name:					
Project Address:					
Subdivision:		**Lot No:**		**Lot Size:**	
Total Square Footage of Bldg Tenant Area:					

Contact Information (Required on all permits for correspondence/inspection purposes)

Name:		Phone:	
Address:		Email:	

Property Owner Information:

Name:		Phone:	
Address:		Email:	

Description of Work:	
Type of Structure:	
Estimated Cost of Construction:	

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 O'Fallon, MO, which provides for penalties for non-compliance.

Applicant:		Phone:	
Address:		Email:	
Signature:			

Electrical Contractor:		Phone:	
Address:		Email:	
Signature:		License #:	

Plumbing Contractor:		Phone:	
Address:		Email:	
Signature:		License #:	

Mechanical Contractor:		Phone:	
Address:		Email:	
Signature:		License #:	

OFFICE USE ONLY

Flood Plain:	Yes __ No __	Permit Issued By:		Permit Fee:	
Engineering Approval:		Date Permit Issued:		Plan Review Fee:	
Planning Approval:		Permit Expires:		Water Tap Fee:	
				Sewer Tap Fee:	
				TOTAL:	

A business license shall be applied for prior to issuance of a permit, if applicable.