

Application Received By: _____
 Date Received: _____

CITY OF O'FALLON

PERMIT APPLICATION

100 North Main Street, O'Fallon, MO 63366

Tel: (636) 240-2000 fax: (636) 379-5695



Date of Application ____ / ____ / ____ Permit No. _____

Proposed Project Name: _____

Project Address: _____ Zoning District _____

Subdivision: _____ Lot No. _____ Lot Size: _____

Owner: _____ ()
 Last Name First Name Middle Initial Telephone Number

Owners Address: _____
 Street City State Zip Code

Description of Work: _____

Estimated Cost of Construction: \$ _____ Total Square Feet: _____

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	<input type="checkbox"/> Factory
<input type="checkbox"/> Repair	<input type="checkbox"/> Basement Finish	<input type="checkbox"/> High Hazard
<input type="checkbox"/> Interior Finish *	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Institutional
<input type="checkbox"/> Occupancy	<input type="checkbox"/> Shed	<input type="checkbox"/> Mercantile
<input type="checkbox"/> Demolition	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Storage
<input type="checkbox"/> Change of Use *	<input type="checkbox"/> Other - Specify	<input type="checkbox"/> Other - Specify
_____	_____	_____

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 (Builder/Contractor/Owner)	Telephone:	Address	Signature and Print Name X _____
Electrical Contractor	Telephone License #	Address	Signature and Print Name X _____
Plumbing Contractor	Telephone License #	Address	Signature and Print Name X _____
Mechanical Contractor	Telephone License#	Address	Signature and Print Name X _____

Approvals: Planning & Zoning / / Variance / / Construction Site Plan / /

STATEMENT OF GRADING & DRAINAGE (Residential Only)

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.

* PARKING CALCULATION (Commercial Only)		Permit Fee	\$
Development Name:	Total Spaces:	Plan Review Fee	\$
Tenant Use:		Water Tap Fee	\$
Parking Ratio for Development:	G.S.F. of Tenant Space:	Sewer Tap Fee	\$
Spaces Required for Use:	Remaining Spaces on Site:	TOTAL FEES:	\$

FLOOD PLAIN INFORMATION			Permit Issued By:
F.I.R.M. Panel	Zone:	BFE	Date Permit Issued:
L.O.M.C. Case #	Value of Structure: \$		
Value of Construction Under this Permit: \$			Permit Expires:
Elevation Certificate Needed <input type="checkbox"/> Yes <input type="checkbox"/> No			
Elevation Certificate Provided <input type="checkbox"/> Yes <input type="checkbox"/> No			