



APPLICATION FOR CONSTRUCTION PERMIT

55 Crescent Ave. Valley Park, MO 63088 Voice: 636-225-4288 Fax: 636-225-5247

Date: _____ | _____ | _____ Address: _____
ADDRESS OF CONSTRUCTION LOCATION

Business Name / Subdivision: _____ Lot #: _____

Municipality: _____

Owner: _____
OWNER OF PROPERTY

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____ E-Mail: _____
OPTIONAL

Address: _____
MAILING ADDRESS OF PROPERTY OWNER CITY STATE ZIP

Contractor: _____ Phone: _____ - _____ - _____

Address: _____
MAILING ADDRESS OF CONTRACTOR CITY STATE ZIP

Architect: _____ Phone: _____ - _____ - _____

Total Estimated Construction Cost: \$ _____

Type of Work	Type of Occupancy	
<input type="checkbox"/> New Construction	<input type="checkbox"/> Residential	<input type="checkbox"/> Assembly
<input type="checkbox"/> Addition	<input type="checkbox"/> Single Family (1 or 2 unit)	<input type="checkbox"/> Business
<input type="checkbox"/> Alteration	<input type="checkbox"/> Single Family Attached (3+)	<input type="checkbox"/> Educational
<input type="checkbox"/> Repair	<input type="checkbox"/> Multifamily	<input type="checkbox"/> Factory
<input type="checkbox"/> Shell	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> High Hazard
<input type="checkbox"/> Interior Finish	Units / Bldg _____	<input type="checkbox"/> Institutional
<input type="checkbox"/> Basement Finish	Units / Permit _____	<input type="checkbox"/> Mercantile
<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Utility / Miscellaneous	<input type="checkbox"/> Storage
<input type="checkbox"/> Custom Plan	<input type="checkbox"/> Master Plan	Model or Plan: _____

Area: _____ SQUARE FEET Stories: _____

- | | | |
|---|---|---|
| <input type="checkbox"/> Basement | <input type="checkbox"/> Garage | <input type="checkbox"/> Sprinkler System |
| <input type="checkbox"/> Finished | <input type="checkbox"/> Attached | <input type="checkbox"/> Full System |
| <input type="checkbox"/> Unfinished | <input type="checkbox"/> Detached | <input type="checkbox"/> Limited Area |
| <input type="checkbox"/> Smoke Detectors | <input type="checkbox"/> Under Living Space | <input type="checkbox"/> None |
| <input type="checkbox"/> 110 Volt | | |
| <input type="checkbox"/> Automatic System | | |

I certify that I am the owner or agent authorized to apply for this permit and that all information herein is true and correct. I understand that occupancy is not granted until the final inspection is approved.

Signature: _____ Date: _____ | _____ | _____

Office Use Only	
Construction Type: _____	Use Group: _____
Conditions/Notes: _____	

Plan Approved: _____	Date: _____ Permit Fee \$ _____
Permit Issued By: _____	Date: _____ Number: _____ Entry Date: _____