

Mail to: 208 W. Booneslick Road, Warrenton, MO 63383
or fax to:(636)456-1336

Application for Commercial Project

Permit #

Type of Project

Name of Business:

Type of Business or Service:

Address: Ph:

Owner Name: Address:

City: St: Zip: Ph:

Sq. Ft.: Estimated Date of Occupancy:

Name of Shopping Center or Plaza:

Any signs proposed? yes no If so, a sign permit application must be submitted.

Contractor

Name: Address:

City: _____ St: _____ Zip: _____ Phone: _____

Contact Name: _____ Phone: _____

Project

Zoning _____ Use Group _____ Type Construction _____

Estimated Cost of Construction: \$ _____

Is building site in floodplain? Yes No If yes, Floodplain Development Permit Is Required.

Has property been surveyed? Yes No

NOTES: _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant

_____ Date

PLAN SUBMITTAL CHECKLIST

- Checked Zoning requirements?
- Checked Sub-division requirements?
- Building site in floodplain? If so Floodplain Development Permit required.
- Application filled out as completely as possible?
- Site plan
- Soils report *[Not required if contractor will overdig the foundation.]*
- Design drawings *[Includes all required elements.]*
- Subcontractor list *[See below]*

SUBCONTRACTOR LIST

Same of for Permit # _____

Same as for permit # _____ with the following changes,

Excavation:

Name _____ Contact _____

Address _____ City _____ State _____

Phone _____

Foundation:

Name _____ Contact _____

Address _____ City _____ State _____

Phone _____

Framing:

Name	<input type="text"/>	Contact	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>		
Phone	<input type="text"/>		

Plumbing:

Name	<input type="text"/>	Contact	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>		
Phone	<input type="text"/>		

Electrical:

Name	<input type="text"/>	Contact	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>		
Phone	<input type="text"/>		

HVAC:

Name	<input type="text"/>	Contact	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>		
Phone	<input type="text"/>		

Drywall:

Name	<input type="text"/>	Contact	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>		
Phone	<input type="text"/>		

Painting:

Name	<input type="text"/>	Contact	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>		

Phone _____

Siding:

Name _____ Contact _____

Address _____ City _____ State _____

Phone _____

Other:

Name _____ Contact _____

Address _____ City _____ State _____

Phone _____

FOR OFFICE USE ONLY

Storm Water Review:

Dir of Public Works _____ *Zoning Officer* _____ *Building Commissioner*

Plan Reviewer: _____ Zoning District: _____

