

CITY OF STE. GENEVIEVE, MISSOURI

Permit #

165 S. Fourth Street
Ste. Genevieve, MO 63670
Phone (573) 883-5400 Fax (573) 883-8105

Commercial Building Permit Application-Minor Work
(03/2022)

CIRCLE ALL THAT APPLY: ROOF REMODEL REPAIR OTHER

PROJECT INFORMATION

PROJECT TITLE:

ZONING: ADDRESS:

PROJECT DESCRIPTION:

USE GROUP: OCCUPANCY: OCCUPANT LOAD: TYPE OF CONSTRUCTION:

WATER TAP SIZE: AREA UNDER CONSTRUCTION (S.F.): TOTAL COST OF CONSTRUCTION:\$

CONTACT INFORMATION

TENANT:

ADDRESS: EMAIL:

\*\*\* Email to be used for any communication by city staff. \*\*\*

PHONE #: FAX #:

PROPERTY OWNER:

ADDRESS: EMAIL:

\*\*\* Email to be used for any communication by city staff. \*\*\*

PHONE #: FAX #:

CONTRACTOR: LICENSE NO.:

ADDRESS: EMAIL:

PHONE #: FAX #:

I CERTIFY THAT I AM THE OWNER IN FEE OR AGENT AUTHORIZED TO APPLY FOR THIS BUILDING PERMIT. I UNDERSTAND THAT THE SUBMITTAL OF INCOMPLETE PLANS OR FAILURE TO COMPLETE THIS APPLICATION IN ITS ENTIRETY MAY RESULT IN THE DELAY OF PLAN REVIEW AND PERMIT APPROVAL.

Signature: Date:

Title: Phone:

FOR OFFICE USE ONLY:

VARIANCE? DATE: SPECIAL USE PERMIT? DATE:

CERTIFICATE OF APPROPRIATENESS? DATE:

FLOODPLAIN DEVELOPMENT PERMIT REQUIRED? STORM WATER PERMIT REQUIRED?

OTHER:

Received By: Date & Time: