

CITY OF STE. GENEVIEVE, MISSOURI

Permit # _____

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

Residential Building Permit Application-Minor Work

PLEASE FILL OUT COMPLETELY

(03/2022)

CIRCLE ALL THAT APPLY: ROOF R	EMODEL REPAIR PO	L FENCE SHED	OTHER
PROJECT INFORMATION PROJ	ECT TITLE		
ZONING: ADDRESS:		SUBDIVISION:	
PROJECT DESCRIPTION:			
USE GROUP: OCCUPANT LOAD AREA UNDER CONSTRUCTION (S.F.):			
CONTACT INFORMATION			
PROPERTY OWNER:			
ADDRESS:			
PHONE #:	EMAIL:		y communication by city staff. ***
CONTRACTOR:	1	HONE #:	
BUSINESS NAME (if applicable):	EMAIL:		
ADDRESS:			
FAX #: EMAIL:			
I CERTIFY that I am the owner in fee or a submittal of incomplete plans or failure to review and permit approval. Signature: Phone:	complete this application in Date:	n its entirety may res	sult in the delay of plan
This building permit application has bee and issued Permit Number	• • • • • • • • • • • • • • • • • • • •	he day o	of, 20

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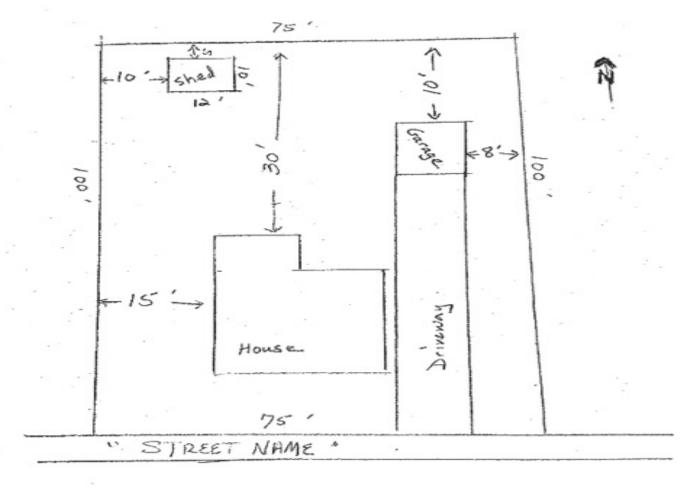
(03/2022)

Submit the following items, when applicable, to the Planning and Zoning Administrator or the Building Inspector for review:

- 1. A completed permit application form
- 2. Certificate of Appropriateness (if required)
- 3. Floodplain Permit (if required)
- 4. Site plan for any new construction or addition. A site plan shall be drawn showing the location of all property lines, set back distances, easements, utilities, adjacent streets, drainage facilities, proposed and existing grades where applicable, north arrow, proposed and existing structures.
- 5. List of building materials (i.e. wood, vinyl, brick amounts, etc. or invoice for materials)

SAMPLE SITTE PLAN

PROJECT ADDRESS: 1 Main Street
TYPE OF PROJECT: Shed



NOT TO SCALE