

CITY OF STE. GENEVIEVE, MISSOURI

165 S. Fourth Street

Ste. Genevieve, MO 63670

Phone (573) 883-5400 Fax (573) 883-8105

Commercial Permit Application

Permit # _____

PLEASE FILL OUT COMPLETELY

CIRCLE ALL THAT APPLY: NEW ADDITION CHANGE IN USE REMODEL REPAIR

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: _____

PHONE #: _____ FAX #: _____

PROPERTY OWNER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

CONTRACTOR: _____ LICENSE NO.: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

DESIGN PROFESSIONAL OF RECORD: _____

ADDRESS: _____

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:** _____