

MISCELLANEOUS PERMIT APPLICATION

City of Wentzville

200 E. Fourth Street
Wentzville, MO 63385
636-327-5102 or 636-332-5102
Fax 636-327-4892

PERMIT NO. _____

Please Print or Type

RESIDENTIAL

Address: _____ Subdivision: _____ Lot # _____
Owner Name: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email Address: _____

COMMERCIAL

Name of Business: _____
Type of Business or Service _____
Address: _____
Owner Name: _____ Phone: _____
Email Address: _____ Fax: _____
City: _____ State: _____ Zip: _____
Zoning: _____ Sq. Ft.: _____ Estimated date of occupancy: _____
Name of Shopping Center or Plaza where business is located: _____
Any signs proposed? _____ If so, a sign permit application must be submitted.

CONTRACTOR

Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Plumber: _____ License # _____
Electrician: _____ License # _____
HVAC Contractor: _____ License # _____

NOTICE: Review your Covenants & Restrictions for your Subdivision prior to submitting for permit.

Estimated Cost of Construction: \$ _____ [] Residential [] Commercial

- [] Above Ground Pool [] Water Service Repair [] Room Addition [] Hot Tub/Spa
[] In-ground Pool [] Electric [] Finish Basement [] Sewer Lateral Repair
[] Porch/Deck [] Plumbing/Irrigation [] Temp on Pole [] Fence
[] Demo [] Garage [] Other _____

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 we agree to conform to all applicable laws of this jurisdiction. I understand that a commercial occupancy is required to file a business license application with the City Clerk's Office

Is the applicant (please circle):

The Contractor

The Home Owner

Signature of Applicant

Name (please print)

Date

PLAN REVIEW

FOR OFFICE USE ONLY

USE GROUP / CONST. TYPE

SQUARE

FEE

FEET

CODES

REVIEW CODE

AA	<input type="checkbox"/>	FF	<input type="checkbox"/>
GR	<input type="checkbox"/>	GE	<input type="checkbox"/>
RP	<input type="checkbox"/>	RE	<input type="checkbox"/>
RF	<input type="checkbox"/>	RM	<input type="checkbox"/>
EM	<input type="checkbox"/>	FI	<input type="checkbox"/>
OP	<input type="checkbox"/>	SI	<input type="checkbox"/>

Plan Reviewer: _____ Zoning District: _____

Issue Date: _____ Permit Fee: _____

CONDITIONS: _____



Signature Accepting Conditions _____

Date _____

OFFICE USE

PERMIT FEE: \$ _____

DATE PAID: _____

RECEIPT NO. _____

RECEIVED BY: _____

INSPECTION SCHEDULE FOR: _____