## MISCELLANEOUS PERMIT APPLICATION

**Signature of Applicant** 

Wentzville Missouri®

## City of Wentzville

Date

1001 Schroeder Creek Blvd. Wentzville, MO 63385

PERMIT NO		Wentzville, MO 63385 (636) 327-5101 Office		
THE APPLICANT IS:	☐ THE CONTRACTOR	☐ THE HOME OWNER		327-3101 Office 327-4892 Fax
Please Print or Type			www.	wentzvillemo.gov
RESIDENTIAL				
Address:	Subc	division:	Lot #	
Owner Name:	City:	Stc	ıte: Zip	D:
Phone:	Email Add	lress:		
COMMERCIAL				
Name of Business:				
Type of Business or So	ervice			
Address:				
Owner Name:		Phone:		
Email Address:		Fax:		_
City:		State:	Zip:	_
Zoning:	Sq. Ft.: Estima	ted date of occupancy:		
Name of Shopping (	Center or Plaza where busir	ness is located:		
Any signs proposed?	? 1	f so, a sign permit applico	ation must be submitted	d.
to assure efficient pern				
	Add			
	State:			
Electrician:HVAC Contractor:				
	esponsible to provide accurate subcon			
changes prior to or during the	· ·			
<b>NOTICE:</b> City permit ap requirements.	proval <b>Does Not</b> constitute su	bdivision approval. Please c	ontact your subdivision's	H.O.A. for any
Estimated Cost of Co	onstruction: \$	Residential	☐ Commercial	
Above Gro	und Pool 🔲 Water / Sew	er Service 🔲 Room A	ddition 🔲 Ho	ot Tub/Spa
☐ In-ground P	ool Electric	☐ Finish Ba	sement $\square$ M	obile Home Setup
☐ Porch/Deck		igation 🔲 Temp or	n Pole	ence
Demo	☐ Garage	Other_		
the owner to make t	the proposed work is authorshis application as his authorshiand that a commercial oc	orized agent, and we agre	ee to conform to all ap	plicable laws of this

Name (please print)

## **PLAN REVIEW**

## FOR OFFICE USE ONLY **USE GROUP / CONST. TYPE SQUARE** FEE FEET <u>CODES</u> **REVIEW CODE** FF $AA \square$ GR 🗌 GE 🗌 RP RE [ RF $\square$ RM EM FI OP $\square$ SI Plan Reviewer: \_\_\_\_\_Zoning District: \_\_\_\_\_ Issue Date: \_\_\_\_\_Permit Fee: \_\_\_\_\_ CONDITIONS: Signature Accepting Conditions Date **OFFICE USE** DATE PAID: \_\_\_\_\_ PERMIT FEE: RECEIPT NO. RECEIVED BY: \_\_\_\_\_ INSPECTION SCHEDULE FOR: