

# MISCELLANEOUS PERMIT APPLICATION



City of Wentzville

1001 Schroeder Creek Blvd.

Wentzville, MO 63385

(636) 327-5101 Office

(636) 327-4892 Fax

www.wentzvillemo.gov

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

**NOTE:** The permit holder is responsible to provide accurate subcontractor name and license numbers, in addition to providing updated information if the subcontractor changes prior to or during the construction.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Plumber: \_\_\_\_\_ License # \_\_\_\_\_

Electrician: \_\_\_\_\_ License # \_\_\_\_\_

HVAC Contractor: \_\_\_\_\_ License # \_\_\_\_\_

**NOTICE:** City permit approval **Does Not** constitute subdivision approval. Please contact your subdivision's H.O.A. for any requirements.

Estimated Cost of Construction: \$ \_\_\_\_\_ ☐ Residential ☐ Commercial

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Above Ground Pool | <input type="checkbox"/> Water / Sewer Service | <input type="checkbox"/> Room Addition   | <input type="checkbox"/> Hot Tub/Spa       |
| <input type="checkbox"/> In-ground Pool    | <input type="checkbox"/> Electric              | <input type="checkbox"/> Finish Basement | <input type="checkbox"/> Mobile Home Setup |
| <input type="checkbox"/> Porch/Deck        | <input type="checkbox"/> Plumbing/Irrigation   | <input type="checkbox"/> Temp on Pole    | <input type="checkbox"/> Fence             |
| <input type="checkbox"/> Demo              | <input type="checkbox"/> Garage                | <input type="checkbox"/> 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

## Backflow Registration Form

PERMIT NO. \_\_\_\_\_

One Permit Application Required for Each Backflow Device

### CONTRACTOR

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Certification Number: \_\_\_\_\_

### Residential Backflow:

Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot # \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Location Of Backflow on/in Property: \_\_\_\_\_

### Commercial Backflow:

Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Property Owner Name & Mailing Address: \_\_\_\_\_

Location of Backflow in Facility: \_\_\_\_\_

### BACKFLOW REGISTRATION INFORMATION

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Size: \_\_\_\_\_

Type of Device: ☐ RP ☐ DC ☐ AG

Classification: ☐ Food Service ☐ Non-Food Service ☐ Residential

Type of System: ☐ Plumbing/Water Service ☐ Process/Auxiliary Service

☐ Fire Suppression ☐ Lawn Irrigation

Application: ☐ Containment ☐ Isolation

APPLICANT: ☐ CONTRACTOR ☐ PROPERTY OWNER Cost of Construction \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Applicant (please print)

\_\_\_\_\_  
Phone Number