



SAINT LOUIS COUNTY
Transportation and Public Works

APPLICATION FOR BUILDING PERMIT

Complete all sections on both pages except for the two sections marked "For Office Use".

Application Date _____

PROJECT INFORMATION & LOCATION:

Project Type: Commercial, Multifamily, Residential Project Name: _____

Structure Type: Existing Building, New Building, Non-Habitable, Temporary Structure

Project Address _____ Unit/Suite/Floor _____ Zip Code _____

Locator/ _____ Subdivision or _____

Parcel No. _____ Building/Center Name _____ Lot No. _____

Unincorporated County, or Municipality _____ Fire District _____

WORK DESCRIPTION:

Brief description of building construction scope of work:

OWNER/TENANT INFORMATION:

Property Owner _____

	Last Name	First	Telephone	Fax	Email
--	-----------	-------	-----------	-----	-------

Owner's Address _____

	Street Address	City	State	Zip Code
--	----------------	------	-------	----------

Tenant/Business Name/Use _____ Existing, New*

*If a New Tenant/Business Use indicate the Previous Tenant/Business Use _____

ARCHITECT/ENGINEER INFORMATION:

Name & Address	Telephone	Fax	Email
----------------	-----------	-----	-------

PRIMARY CONTACT INFORMATION IF OTHER THAN APPLICANT:

Name & Address	Telephone	Fax	Email
----------------	-----------	-----	-------

APPLICANT CERTIFICATION & INFORMATION

I CERTIFY THAT I AM THE OWNER IN FEE OR AGENT AUTHORIZED TO APPLY FOR THIS PERMIT, THAT I HAVE AN AGREEMENT WITH THE OWNER/LESSEE TO PERFORM THIS WORK; AND THAT I AM AUTHORIZED TO AND DO CONSENT TO ENTRY ONTO THE PREMISES BY ST. LOUIS COUNTY EMPLOYEES FOR INSPECTION OF WORK PERFORMED UNDER THIS PERMIT. THE SCOPE OF WORK INDICATED AND COST ESTIMATES ARE TRUE AND CORRECT.

IF A PARTIAL PERMIT IS BEING REQUESTED, I REQUEST AUTHORIZATION TO PROCEED WITH THE CONSTRUCTION INDICATED IN ORDER TO ALLOW CONSTRUCTION TO COMMENCE. I ACKNOWLEDGE THAT IF AUTHORIZATION IS GIVEN THAT I WILL BE PROCEEDING AT MY OWN RISK WITHOUT ASSURANCE THAT A PERMIT FOR THE ENTIRE WORK OR STRUCTURE WILL BE GRANTED. I AM RELEASING ALL LIABILITY, INDEMNIFYING AND HOLDING HARMLESS ST. LOUIS COUNTY, ITS OFFICERS, EMPLOYEES, AGENTS, AND ANY ASSIGNS FOR ANY EXPENSE, ERROR, OR OMISSION RESULTING IN SUCH ISSUANCE. SHOULD IT BE DETERMINED AT ANY TIME BY ST. LOUIS COUNTY THAT THE AUTHORIZED CONSTRUCTION NEEDS TO BE REMOVED, MOVED, CORRECTED, OR MODIFIED IN ANY FASHION, THAN SUCH REMOVAL OR CORRECTIVE WORK WILL BE AT OUR EXPENSE.

Contractor Name & Address	Tel No.	Reg #	Signature
	Fax #	Date	Printed Name
	Email		
Applicant Other Than Contractor <input type="checkbox"/> Owner, <input type="checkbox"/> Architect, <input type="checkbox"/> Engineer, <input type="checkbox"/> Tenant, <input type="checkbox"/> Other _____			
Name & Address	Tel #	Reg #	Signature
	Fax #	Date	Printed Name
	Email		

PERMIT NO. _____

