

MISCELLANEOUS PERMIT APPLICATION



City of Wentzville

1001 Schroeder Creek Blvd.
Wentzville, MO 63385
(636) 327-5102 Office
(636) 327-4892 Fax

www.wentzvillemo.org

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

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: _____			