

BUILDING PERMIT APPLICATION

500 E. Locust Street – Union, MO 63084

Phone: (636) 583-1805 Fax: (636) 583-4509

PLEASE LIST SUBCONTRACTORS ON BACK

What is the zoning of the property to be built upon or altered?	<p style="color: red; font-weight: bold; margin: 0;">IT SHALL BE THE DUTY OF THE APPLICANT TO CONFORM WITH ALL CODES</p>		<p style="color: red; font-weight: bold; margin: 0;">24 HOURS NOTICE FOR ALL INSPECTIONS</p>	Permit No. Date
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<u>Building Address:</u>		<p style="color: red; font-weight: bold; margin: 0;">ARE ALL PARKING SPACES AND/OR DRIVES PAVED IN ACCORDANCE WITH SECTION 405.780?</p> YES NO
<u>Lot Number:</u>	<u>Subdivision:</u>	

<u>Owners Name & Address:</u>	<u>Phone No.</u>	<u>Letter of Credit received?</u>
		YES NO
	<u>Cell No.</u>	<u>Is property located in a flood plain?</u>
		YES NO

<u>Contractor Name & Address:</u>	<u>Phone or Cell No.</u>	<p style="color: red; font-weight: bold; margin: 0;">Water Permit (Meter Size _____)</p> _____ Permit Fee _____ Meter & Reader _____ Fittings & Equipment _____ Tap Charge _____ Inspection _____ TOTAL WATER FEE
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Does Contractor have a valid City of Union Business License? YES NO N/A

<u>Architect/Engineer Name & Address :</u>	<u>Phone/Cell No.</u>	
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RESIDENTIAL TOTAL SQUARE FOOT LIVING SPACE -----	Sq. Ft.	<p style="color: red; font-weight: bold; margin: 0;">WATER METER NUMBER</p>
RESIDENTIAL TOTAL SQUARE FOOT UNFINISHED BASEMENT--	Sq. Ft.	
RESIDENTIAL TOTAL SQUARE FOOT GARAGE -----	Sq. Ft.	

COMMERCIAL/INDUSTRIAL TOTAL SQUARE FOOTAGE	Sq.Ft. _____	<p style="color: red; font-weight: bold; margin: 0;">MIU NUMBER</p>
Construction Type _____ Use Group(s) _____	Sq.Ft. _____	
	Sq.Ft. _____	

What is the proposed use of this structure?	What other business (if any) will be operating out of this facility?	
<u>Description of Work:</u>	Setback measured from property line by builder Date _____ Signed _____	<p style="color: red; font-weight: bold; margin: 0;">Sewer Permit</p> _____ Permit Fee _____ Sewer Tap & Fittings _____ Inspection _____ TOTAL SEWER FEE

ESTIMATED CONSTRUCTION COST _____	
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FOR DEPARTMENT USE ONLY

_____ Est. Const. Cost
 _____ Administrative Fees
 _____ Building
 _____ Water Permit
 _____ Sewer Permit
 _____ **TOTAL**

I have carefully examined and read the contents of this application and know that the information contained herein is Correct, and that in doing the work described herein all provisions of the Ordinances of the City of Union - Union, MO and the applicable laws of the State of Missouri will be complied with. I further accept the conditions as required to obtain this permit.

SIGNED: _____ DATE _____ Issued by: _____

Cash	Credit/Debit
CHECK NO. _____	