CITY OF FESTUS

Planning & Building Department

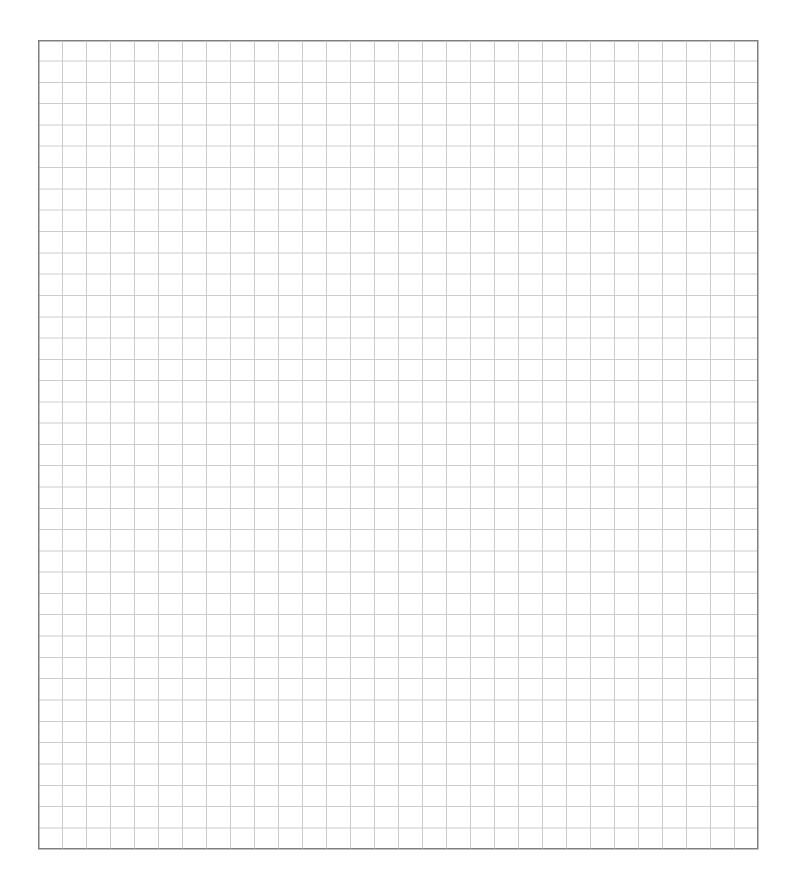
950 North Fifth Street Festus, MO 63028-1736



Application for Plan Examination & Building Permit

Property Address				Date
Cross streets				Zoning
Legal Description (Subdivision)				Lot#
Applicant			Type of Imp	rovement: (check
Name			□ New buildi	ng
			☐ Addition	
Company			☐ Alteration ((remodel)
Address			□ Repair / Re	placement
City	State	Zip	□ Demolition	
City	State	Zip	☐ Moving (re	location)
Phone	Cell		☐ Foundation	only
D 4 0			☐ Electrical:	
Property Own	ier	□ same	□ Other:	
Name			Proposed use	e - Residential
Address			□ Single Fan	
City	State	Zip	□ Deck	
Dhono	Call		□ Pool	
Phone	Cell		\Box Garage / S	hed
Contractor (City License Required)	□ same	□ Carport	
(☐ Finished B	asement
Name			□ Other :	
Company			Proposed us	e - Non-Resident
Address			☐ Office / Ba	nk / Professional
City	State	Zip	□ Store / Mer	cantile
Phone	Cell		□ Restaurant	/ Food Service
1110110	Con		☐ Industrial	
Estimated Co	st : \$		□ School / Ed	lucational
	σε • ψ		- □ Sign	

(636) 937-6646 (636) 937-6619 fax www.CityofFestus.org



- □ Sketch or include a site/plot plan of the project. (When applicable, include property lines, street names, existing structures and accurate dimensions).
- □ Sketch or include Construction Drawings.

 (Include a sketch, drawing, description, materials list, & any pertinent information to expedite the review).

Application for Plan Examination & Building Permit Instructions:

In order to expedite the review process and obtain your building permit, please complete as much information as possible. Please provide 2- blueprints, drawings, plans and any other documentation that may be necessary. If you are unsure of any responses, please leave them blank.

Cover

- Enter the Address, Date, nearest Cross Streets, Zoning, Legal Description, & Lot #.
- In the appropriate boxes, list the Applicant, Property Owner and Contractor (when applicable).
- Enter the estimated Total Cost of the project.
- Under Type of Improvement & Proposed Use, check the appropriate box. If the type of improvement or use is not listed, use õOtherö and describe the improvement and/or use.

Pages 2 & 4

Use these to sketch, add notes and describe the scope of work. Please be descriptive as possible to expedite your review process. Also, please provide any additional drawings or documentation that pertain to the project.

Page 3

Printed Name:

• Please include your printed **name**, your primary contact **phone** #, sign & date .

Please contact the Festus Building Department (636)-937-6646 or Public.Works@CityofFestus.org) with any questions about your project or completing this form. Submit the completed application with any documentation and you will be contacted when the permit is ready which normally takes 1 to 2+ weeks.

I herby 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.

Contact #:

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manig Department ose or	(L1	Building Permit	\$
Building Permit #		Certificate of Occupancy	\$
Date permit issued		Land Disturbance	\$
□ Zoning	□ Survey		
☐ Floodplain	□ C/o		
		Total	\$

