



APPLICATION FOR BUILDING PERMIT - COMMERCIAL

Please **TYPE** or **PRINT** clearly in ink.

DATE: _____

PROJECT ADDRESS: _____ SUITE #: _____ ZIP CODE: _____

DESCRIPTION OF WORK: _____

USE GROUP _____ CONST. TYPE: I-A [] I-B [] II-A [] II-B [] III-A [] III-B [] IV [] V-A [] V-B []

EXISTING SQ. FEET _____ ADDITIONAL SQUARE FEET _____ TOTAL SQUARE FEET _____

COST OF CONSTRUCTION \$ _____

PROPERTY OWNER NAME: _____

TELEPHONE: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

TENANT NAME: _____

TELEPHONE: _____

CURRENT TENANT ADDRESS: _____

CONTRACTOR NAME: _____

TELEPHONE: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

CONTACT PERSON: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

ARCHITECT: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

FAX: _____

I hereby certify that the information contained in this application and accompanying drawings or plats is correct, and that I will conform with all applicable laws of the City of Maryland Heights.

SIGNATURE OF APPLICANT: _____ DATE _____

PRINT NAME: _____

FOR OFFICE USE ONLY

APPROVALS

BIN NO. _____

PERMIT NO. _____

ZONING/ SITE PLAN REVIEW

DATE

BUILDING PLAN REVIEW

DATE

CONDITIONAL USE: YES [] NO []

SITE PLAN APPROVED: YES [] NO []

AUTHORIZATION FORM RECEIVED []

NOTES: _____

PLANS: ATTACHED [] ROLLED [] NONE []

COP: NOT REQUIRED [] REQUIRED [] IN HOUSE [] ATTACHED []

MINIMUM FEE \$ _____

CREDIT CARD RECEIPT NO. _____

A/P RECEIPT NO. _____

TOTAL FEE \$ _____

CREDIT CARD RECEIPT NO. _____

A/P RECEIPT NO. _____

BUILDING PERMIT APPLICATION (CONT'D)

Please **TYPE** or **PRINT** clearly in ink.

PROJECT ADDRESS: _____

DATE: _____

DESCRIPTION OF WORK: _____

PROPERTY OWNER AUTHORIZATION

PROPERTY OWNER: _____ **TELEPHONE:** _____

ADDRESS: _____

E-MAIL ADDRESS: _____

I, _____,
(PRINT PROPERTY OWNER'S NAME)

authorize my contractor or other representative, _____,
(PRINT CONTRACTOR OR REPRESENTATIVE'S NAME)

to perform work at the above-mentioned location.

I hereby certify that I am the owner of the property listed above and I grant full access to the Building Commissioner or his designee at any time to enforce the Building Code. Further, I grant the applicant my authority in my absence.

SIGNATURE OF OWNER: _____ **DATE:** _____

COMMERCIAL ONLY: NEW TENANT INFORMATION (THIS IS NOT ZONING APPROVAL)

NAME OF BUSINESS: _____

BUSINESS OWNER: _____ **TELEPHONE:** _____

ADDRESS: _____

E-MAIL ADDRESS: _____

CONTACT PERSON: _____ **TELEPHONE:** _____

E-MAIL ADDRESS: _____

MOVE IN DATE: _____ **AREA TO BE OCCUPIED:** _____ **SQ. FT.** **# OF EMPLOYEES:** _____

DESCRIPTION OF BUSINESS; PRODUCTS AND SERVICES: _____
