



City of MARYLAND HEIGHTS

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APPLICATION FOR BUILDING PERMIT

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** _____

FOR OFFICE USE ONLY		APPROVALS	
PERMIT NO. _____			BIN 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: _____
