

Application Received By: _____
 Date Received: _____



CITY OF FRONTENAC

PERMIT APPLICATION

10555 Clayton Road Frontenac, MO 63131
 tel.: (314) 994-3200 fax: (314) 994-3203



Date of Application ____ / ____ / ____

Permit No. _____

Project Address _____

Zoning District _____

Subdivision _____ Lot _____ Block _____ Lot Dimensions _____

Owner _____ ()
 Last Name First Name Middle Initial Telephone Number

Address _____
 Street City State Zip Code

Description of work: _____ Total Estimated Cost \$ _____ .00

Type of Work	Type of Structure	
<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Replacement <input type="checkbox"/> Repair <input type="checkbox"/> Interior Finish <input type="checkbox"/> Fire/Storm Damage <input type="checkbox"/> Occupancy <input type="checkbox"/> Demo <input type="checkbox"/> Excavation or Grading	Residential	Non-Residential
	<input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Garage <input type="checkbox"/> Fence <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Other – Specify _____ _____ _____	<input type="checkbox"/> Assembly <input type="checkbox"/> Business <input type="checkbox"/> Educational <input type="checkbox"/> Factory <input type="checkbox"/> High Hazard <input type="checkbox"/> Institutional <input type="checkbox"/> Mercantile <input type="checkbox"/> Storage <input type="checkbox"/> Satellite Dish/Towers

Excavation Permit (Must Include Site Plan**)**

Size of Excavation _____ Start Date ____ / ____ / ____ Date of Completion ____ / ____ / ____

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make application as his/her agent. By signing this application, the applicant agrees to comply with all the rules and regulations of the City of Frontenac, MO, which provides for penalties for non-compliance.

Builder/Contractor/Owner	Telephone	Frontenac Business Lic. #	Address	Signature and Print Name X _____
Architect	Telephone	Frontenac Business Lic. #	Address	Signature and Print Name X _____

Below For Office Use Only

Escrow Bond Required _____ Excavation Bond Required _____

Approvals: <input type="checkbox"/> Planning & Zoning ____ / ____ / ____ <input type="checkbox"/> Board of Aldermen ____ / ____ / ____ <input type="checkbox"/> Variance ____ / ____ / ____			
Permit Issued By	Date Issued	Permit Expires	Total Permit Fee \$ _____ .00
X	____ / ____ / ____	____ / ____ / ____	Receipt number _____