



City of Warrenton

200 West Booneslick

Warrenton, MO 63383

Phone: 636-456-3535 Fax: 636-456-1336

www.warrenton-mo.org

PERMIT# _____

ZONING DISTRICT _____

Application for Residential Plan Review and Building Permit

Purpose

- Single Family Residence Multi-Family Residence Number of Units: _____
- Two-Family Residence

Applicant E-mail: _____

Applicant Name:

Address: _____ Sub: _____ Lot: _____
 Applicant Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____

Owner Name:

Address: _____ Sub: _____ Lot: _____
 Owner Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____

Contractor:

An Occupational License for all contractors and/or subcontractors performing any work within the scope of the permit is required prior to the issuance of the permit.

Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Contact Name: _____ Phone: _____

Project:

Zoning: _____ Use Group _____ Type Construction: _____
 Estimated Cost of Construction: \$ _____

Is building site in floodplain? Yes No If yes, Floodplain Development Permit is required.
 Has property been surveyed? Yes No Surveyor: _____

CONTACT PUBLIC WORKS DEPARTMENT FOR INFORMATION REGARDING WATER & SEWER CONNECTION FEES AND REQUIREMENTS

Notes:

I hereby 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 agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant

Applicant's Name (Printed)

Date

Approval: Public Works _____ Zoning Officer _____ Building Commissioner _____

APPLICANT'S PLAN SUBMITTAL CHECKLIST

- Meets zoning /set back requirements
- Building site in floodplain? If yes, Floodplain Development Permit required
- Site plan
- Soils report (*Not required if contractor will overdig the foundation*)**MINIMUM 24" BELOW ALL FOOTINGS & BACKFILL WITH CLEAN ROCK**
- Design drawings [*Includes all required elements.*]
- Subcontractor list (*See below*)

GENERAL CONTRACTOR

Name_____ Contact_____

Address_____ Phone_____

Excavation:

Name_____ Contact_____

Address_____ Phone_____

Foundation:

Name_____ Contact_____

Address_____ Phone_____

Framing:

Name_____ Contact_____

Address_____ Phone_____

Plumbing:

Name_____ Contact_____

Address_____ Phone_____

Electrical:

Name_____ Contact_____

Address_____ Phone_____

HVAC:

Name_____ Contact_____

Address_____ Phone_____

Drywall:

Name_____ Contact_____

Address_____ Phone_____

Painting:

Name_____ Contact_____

Address_____ Phone_____

Siding:

Name_____ Contact_____

Address_____ Phone_____

Roofer:

Name_____ Contact_____

Address_____ Phone_____

Flatwork:

Name_____ Contact_____

Address_____ Phone_____

Landscaping/Irrigation:

Name_____ Contact_____

Address_____ Phone_____

Paving:

Name_____ Contact_____

Address_____ Phone_____

Other:

Name_____ Contact_____

Address_____ Phone_____