



City of Warrenton

200 West Booneslick

Warrenton, MO 63383

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

www.warrenton-mo.org

PERMIT# _____

Application for Commercial Plan Review and Building Permit

Applicant Email: _____

Applicant Name:

Address: _____ Sub: _____ Lot: _____

Applicant Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Commercial:

Name of Business: _____

Type of Business or Service: _____

Address: _____ Phone: _____

Owner Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Square Ft.: _____ Estimated Date of Occupancy: _____

Name of Shopping Center or Plaza: _____

Any signs proposed? _____ If yes, a Sign Permit Application must be submitted.

General 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: _____

Engineer

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Architect

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ 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. The applicant further warrants the truthfulness of all information in the application and if any information provided is incorrect, or if the permit was issued wrongfully, the permit may be revoked. I understand that a commercial occupancy is required to file a business license application with the City Clerk's Office.

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
- Geotechnical Report prepared by a Licensed Geotechnical Engineer
- 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 _____