



Special Building Permit Application

City of Ferguson
Public Works Department

OFFICE USE

Permit Number	
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Project Address:		Date:	
Owner Name:		Estimated Cost:	
Applicant:		Fax:	
Email Address:		Phone:	
Type of Construction:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> New <input type="checkbox"/> Remodel		

Check Appropriate Boxes:

- Deck (single level, uncovered, exterior, under 140 sqft)
- Porch (single level, uncovered, exterior, under 140 sqft)
- Accessory Structure (tool or storage shed, playhouse, etc., under 120 sqft)
- Exterior Steps (related to exterior decks & porches)

Total SQFT:	
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Project Description: (attach additional pages if necessary)

Contractor:		Address:		Phone:	
Contractor:		Address:		Phone:	

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 we agree to conform to all applicable codes of this jurisdiction.
Attach contract signed by owner and contractor.

Signature of Applicant:		Date:	
Print Name:		Cellular Phone:	

Submit complete application to publicworks@fergusoncity.com

Must submit parcel plat or survey, clear detailed drawing, manufacturer or supplier specs

OFFICE USE					
Required Inspections	<input type="checkbox"/> Footings <input type="checkbox"/> Piers/Anchors <input type="checkbox"/> Framing <input type="checkbox"/> Demolition <input type="checkbox"/> Other:				
Plan Review Approved By		Date:		Fees:	
PERMIT EXPIRES SIX(6) MONTHS FROM DATE OF ISSUANCE		Date of Issuance:			