



# Special Building Permit Application

City of Ferguson  
Public Works Department

## OFFICE USE

Permit Number

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		
<b>Check Appropriate Boxes:</b>			
<input type="checkbox"/> Deck (single level, uncovered, exterior, under 140 sqft) <input type="checkbox"/> Porch (single level, uncovered, exterior, under 140 sqft) <input type="checkbox"/> Accessory Structure (tool or storage shed, playhouse, etc., under 120 sqft) <input type="checkbox"/> Exterior Steps (related to exterior decks & porches)			
Total SQFT:			
<b>Project Description: (attach additional pages if necessary)</b>			
Contractor:		Address:	
Contractor:		Address:	
		Phone:	
		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](mailto: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:	