



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 | |
| Check Appropriate Boxes: | | Separate Permit Required: | |
| <input type="checkbox"/> Deck (140 sqft+) <input type="checkbox"/> Finish Basement <input type="checkbox"/> Garage <input type="checkbox"/> Pool <input type="checkbox"/> Room Addition <input type="checkbox"/> Shed (120 sqft+) <input type="checkbox"/> Driveway Apron | | <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Other | |
| Describe work: | | | |
| Length: | Width: | Height: | Total SQFT: |
| Contractor: | Address: | Phone: | |
| Electrician: | Address: | Phone: | |
| Plumber: | 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: |

OFFICE USE: REVIEW AND INSPECTION PROCEDURES

| | | | |
|---|--|---|---|
| Required Fire Inspections | Misc | Sprinkler | Building |
| | <input type="checkbox"/> Hood Duct Weld <input type="checkbox"/> Hood Wet Dump <input type="checkbox"/> Elevator Interrace <input type="checkbox"/> Elevator Operation <input type="checkbox"/> Fire Alarm Final | <input type="checkbox"/> Underground Pressure <input type="checkbox"/> Aboveground Pressure <input type="checkbox"/> Piping Rough-in <input type="checkbox"/> Final Acceptance | <input type="checkbox"/> Stoppage/Framing <input type="checkbox"/> Drywall <input type="checkbox"/> Final <input type="checkbox"/> Other |
| Plan Review Approved By | Date: | Fees: | |
| Required Inspections | <input type="checkbox"/> Footing <input type="checkbox"/> Piers/Anchor <input type="checkbox"/> Underground Electric <input type="checkbox"/> Ground Rough Plumbing | <input type="checkbox"/> Rough Plumbing <input type="checkbox"/> Rough Framing <input type="checkbox"/> Rough Electric <input type="checkbox"/> Rough Mechanical | <input type="checkbox"/> Final <input type="checkbox"/> Demolition <input type="checkbox"/> Drywall <input type="checkbox"/> Other |
| | Plan Review Approved By | Date: | Fees: |
| <input type="checkbox"/> Requires STL County Licensed Electrician – License # | | | |
| <input type="checkbox"/> Requires STL County Licensed Plumber – License # | | | |
| PERMIT EXPIRES SIX(6) MONTHS FROM DATE OF ISSUANCE | | Date of Issuance: | |