

PERMIT NO.	
Application Received By	

**CITY OF FLORISSANT
APPLICATION FOR PERMIT**

CITY HALL

955 RUE ST. FRANCOIS, FLORISSANT, MO 63031 // (314) 839-7648 // publicworks@florissantmo.com



PROJECT ADDRESS	DATE
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APPLICANT INFORMATION	PROPERTY OWNER INFORMATION
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Applicant/ Applicant's Representative		Property Owner Name		Occupied <input type="checkbox"/>
Contractor Address		Property Owner Mailing Address		Vacant <input type="checkbox"/>
Email	Primary Phone Number	Email	Primary Phone Number	
Drivers License Number	Secondary Phone Number	Drivers License Number	Secondary Phone Number	

Scope of Work: _____

BUILDING	ELECTRICAL
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Project Description:	Service	Wire	PHS	PREMISE NO.
	Amp	VLT.	Outlets #	
	TEMP ON POLE	YES <input type="checkbox"/> NO <input type="checkbox"/>	Subpanels#	
Special Item: _____				
LICENSE NO.	Estimated Cost \$		LICENSE NO.	Estimated Cost \$
Name – Please Print	Signature		Name – Please Print	Signature
Address	Primary Phone Number	Address	Primary Phone Number	

PLUMBING	MECHANICAL
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Specifics:	Water Heater			Air Conditioner		Heat				
	Qty.	Type	Size	Quantity	Total HP	Qty.	Type	BTU/Watts	Flue	Fuel
Special Item: _____						Quantity _____				
LICENSE NO.	Estimated Cost \$		LICENSE NO.	Estimated Cost \$						
Name – Please Print	Signature		Name – Please Print	Signature						
Address	Primary Phone Number	Address	Primary Phone Number							

SIGNS	ARCHITECT / ENGINEER
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Type: Wall <input type="checkbox"/> Roof <input type="checkbox"/> Ground <input type="checkbox"/> Post <input type="checkbox"/> Projecting <input type="checkbox"/> Canopy <input type="checkbox"/> Awning <input type="checkbox"/> Pennants <input type="checkbox"/> Face Change Only <input type="checkbox"/> Grand Opening <input type="checkbox"/> Anniversary <input type="checkbox"/> Other <input type="checkbox"/> _____	Name – Please Print		
Plan Review Notes:	Address		
	LICENSE NO.		
	Primary Phone Number		
Name – Please Print	Signature	Name – Please Print	Signature
Address	Primary Phone Number	Email	

APPROVALS	INSPECTION APPROVAL	TYPE	QTY	FEES
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PLANNING & ZONING	SANITARY LEVEL	BUILDING		\$
BOARD OF ADJUSTMENT	FOOTING	ELECTRICAL		\$
SPECIAL USE:	ORD. NO.:	PLUMB. GRND ROUGH		\$
		PLUMB. ROUGH		\$
B-5:	FLOOD PLAIN:	ELEC. ROUGH		\$
		BLDG. FRAMING		\$
HISTORIC:	ZONING DISTRICT:	MECH. SYSTEMS		\$
		PLUM. FINAL		\$
THE APPLICANT IS RESPONSIBLE FOR SCHEDULING THE INSPECTIONS NECESSARY TO COMPLETE THE PERMITTING PROCESS.		ELEC. FINAL		\$
		BLDG. FINAL		\$
		RCPT NO.	TOTAL \$	

ISSUED BY:	DATE:	PERMIT EXPIRES:
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