

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
------------------------	-------------

APPLICANT INFORMATION		PROPERTY OWNER INFORMATION	
Applicant/ Applicant's Representative		Property Owner Name	
Contractor Address		Property Owner Mailing Address	
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			PREMISE NO.
Project Description:		Service	Wire	PHS	
LICENSE NO.		Amp	VLT.	Outlets #	
Estimated Cost \$		TEMP ON POLE YES <input type="checkbox"/> NO <input type="checkbox"/>		Subpanels#	
Name - Please Print		Special Item:			
Signature		LICENSE NO.		Estimated Cost \$	
Address		Name - Please Print		Signature	
Primary Phone Number		Address		Primary Phone Number	

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

SIGNS			ARCHITECT / ENGINEER	
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"/>			Name - Please Print	
Face Change Only <input type="checkbox"/> Grand Opening <input type="checkbox"/> Anniversary <input type="checkbox"/> Other <input type="checkbox"/> _____			Address	
Plan Review Notes:			LICENSE NO.	
Thickness:			Primary Phone Number	
Size - Dimensions / sq. ft.			Email	
Estimated Cost \$				
Name - Please Print		Signature		
Address		Primary Phone Number		

APPROVALS	INSPECTION APPROVAL	TYPE	QTY	FEES
PLANNING & ZONING	SANITARY LEVEL	BUILDING		\$
BOARD OF ADJUSTMENT	FOOTING	ELECTRICAL		\$
SPECIAL USE:	PLUMB. GRND ROUGH	MECHANICAL		\$
ORD. NO.:	PLUMB. ROUGH	PLUMBING/ SEWER		\$
B-5:	ELEC. ROUGH	WATER TAP		\$
FLOOD PLAIN:	BLDG. FRAMING	SIGN		\$
HISTORIC:	MECH. SYSTEMS	OTHER		\$
ZONING DISTRICT:	PLUM. FINAL	ADDITIONAL		\$
THE APPLICANT IS RESPONSIBLE FOR SCHEDULING THE INSPECTIONS NECESSARY TO COMPLETE THE PERMITTING PROCESS.	ELEC. FINAL	DEMOLITION		\$
	BLDG. FINAL			
ISSUED BY:	DATE:	RCPT NO.	TOTAL \$	
PERMIT EXPIRES:				