



City of Pevely

401 Main Street Pevely, Missouri 63070

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

Location of Building	Location _____ Zoning _____
	Between _____ and _____ (Cross Street) (Cross Street)
	Subdivision _____ Lot _____ BLK _____ Lot Size _____
	Ameren/UE Premise Number _____

IDENTIFICATION

OWNER

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Telephone Number: _____

CONTRACTOR

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Telephone Number: _____

ARCHITECT OR ENGINEER

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Telephone Number: _____

TYPE AND COST OF BUILDING

TYPE OF IMPROVEMENT	PROPOSED USE RESIDENTIAL	PROPOSED USE COMMERCIAL/INDUSTRIAL	COST
<input type="checkbox"/> New Building	<input type="checkbox"/> Single Family	<input type="checkbox"/> Commercial	Cost of Improvement: \$ _____
<input type="checkbox"/> Addition	<input type="checkbox"/> Duplex	<input type="checkbox"/> Church	*Items to be installed, but not included in cost of improvement.
<input type="checkbox"/> Alteration/Remodel	<input type="checkbox"/> Multit-Family #units _____	<input type="checkbox"/> Service Station	
<input type="checkbox"/> Repair/Replacement	<input type="checkbox"/> Garage	<input type="checkbox"/> Store/Merchandise	*Electrical: \$ _____
<input type="checkbox"/> Wrecking	<input type="checkbox"/> Carport	<input type="checkbox"/> Office/Bank	*Plumbing: \$ _____
<input type="checkbox"/> Moving/Relocating	<input type="checkbox"/> Other _____	<input type="checkbox"/> Professional Use	*Heat/Air Cond: \$ _____
<input type="checkbox"/> Install Deck/Patio	_____	<input type="checkbox"/> Educational	*Other: \$ _____
<input type="checkbox"/> Install Pool <input type="checkbox"/> Install Shed	_____	<input type="checkbox"/> Other _____	TOTAL COST: \$ _____
<input type="checkbox"/> Install Fence <input type="checkbox"/> Driveway	_____	<input type="checkbox"/> Industrial (Type of Business) _____	

CHARACTERISTICS OF BUILDING

PRINCIPAL TYPE OF FRAME

Masonry Wood Frame Structural Steel Reinforced Concrete Other _____

PRINCIPAL TYPE OF HEATING FUEL/MECHANICAL

Gas Oil Electricity Coal Other _____ Central Air Conditioning Elevator

BUILDING DIMENSIONS	RESIDENTIAL ONLY	NUMBER OF PARKING SPOTS
Number of Stories _____	Number of Bedrooms _____	Enclosed _____
Total Square Feet of Floor Area: _____	Number of Bathrooms: Full _____	Outdoors _____
Total Land Area in Square Feet _____	Partial _____	



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SITE OR PLOT PLAN (FOR APPLICANT USE)

VALIDATION

Building Permit Number _____
Occupancy Fee: \$ _____
Water Tap Fee: \$ _____
Sewer Tap Fee: \$ _____
Building Permit Fee: \$ _____
Deposit Fee: \$ _____
Landscape Deposit: \$ _____

Total Permit Fee: \$ _____

PAYMENT BOX

Amount Paid \$ _____

Payment type _____
Check # _____
Payment taken by _____

Date _____

Use Group: _____
Fire Grading: _____
Live Loading: _____
Occupancy Load: _____

Approved By: _____

Date: _____