



City of Pevely

401 Main Street Pevely, Missouri 63070

APPLICATION FOR PLAN EXAMINATION AND MOBILE HOME PERMIT

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

IDENTIFICATION

OWNER

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

CONTRACTOR

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

ARCHITECT OR ENGINEER

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

<p>PROPOSED USE RESIDENTIAL</p> <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Mult-Family #units _____ <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Other _____	<p>PROPOSED USE COMMERCIAL/INDUSTRIAL</p> <input type="checkbox"/> Commercial <input type="checkbox"/> Church <input type="checkbox"/> Service Station <input type="checkbox"/> Store/Retail <input type="checkbox"/> Office/Bank <input type="checkbox"/> Professional Use <input type="checkbox"/> Educational <input type="checkbox"/> Other _____ <input type="checkbox"/> Industrial (Type of Business) _____	<p>COST</p> Cost of Improvement: \$ _____ *Items to be installed, but not included in cost of improvement. *Electrical: \$ _____ *Plumbing: \$ _____ *Heat/Air Cond: \$ _____ *Other: \$ _____ TOTAL COST: \$ _____	<p>RESIDENTIAL ONLY</p> Number of Bedrooms _____ Number of Bathrooms: Full _____ Partial _____
			<p>BUILDING DIMENSIONS</p> Pad Length _____ Width _____ Trailer Length _____ Width _____ Total Square Feet of Floor Area: _____ Total Land Area in Square Feet _____

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



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SITE OR PLOT PLAN

(NOTE PERMIT POSTING LOCATION ON DRAWING)
(FOR APPLICANT USE)

VALIDATION

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