

# APPLICATION FOR PLANS EXAMINATION & COMMERCIAL BUILDING PERMIT

City of Wentzville

200 Fourth Street

Wentzville, MO, 63385

(636) 327-5102 or (636) 332-5102 Permit to

Permit # \_\_\_\_\_

construct....(Check all that apply)

**New Commercial Building**

**New Tennant Finish**

**Addition or Alteration**

*Please print legibly*

Proposed Business Name: \_\_\_\_\_

Business Location Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Describe Business function/Use: \_\_\_\_\_

This business will be owned by (Name) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

*Please complete all fields*

Contractor Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Electrician: \_\_\_\_\_ License# \_\_\_\_\_

Plumber: \_\_\_\_\_ License# \_\_\_\_\_

HVAC: \_\_\_\_\_ License# \_\_\_\_\_

Registered Missouri Design Professional: \_\_\_\_\_

License Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Height \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ Const. Type \_\_\_\_\_

Occupant load: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_ Sprinklered: \_\_\_\_\_

**Change of Use Occupancies-** Former construction type and occupancy: \_\_\_\_\_

Estimated Cost of  
Construction: \$ \_\_\_\_\_

\_\_\_\_\_ Water Meter Size  
 \_\_\_\_\_ Water Tap-on Size  
 \_\_\_\_\_ Sprinkler Tap Size

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 laws of this jurisdiction. My signature represents responsibility for this permit as permittee.

Name (Please Print): \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Applicant

Date

**FOR OFFICE USE ONLY**

Review Date: \_\_\_\_\_ Plan Reviewer \_\_\_\_\_

Use Group /Const. Type	Square Feet	Fee Codes	Fees
_____	_____	X _____	= _____
_____	_____	X _____	= _____
_____	_____	X _____	= _____
_____	_____	X _____	= _____
<u>Water Tap</u>	<u>Size</u> _____		\$ _____
<u>Water Equipment</u>	<u>Meter</u> _____		\$ _____
<u>Tax on Equipment</u>			\$ _____
<u>Sewer Tap</u>			\$ _____
<u>Fire Sprinkler</u>	<u>Size</u> _____		\$ _____
<u>Irrigation</u>	<u>Size</u> _____		\$ _____
<u>Total</u>			\$ _____

- This permit has met all previously reviewed conditions and all plans have been adjusted and resubmitted.
- This site plan meets all of the requirements set forth for permit issuance.

Status Application:  Approved     Conditional     Conditions Attached

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Completed Application Checked \_\_\_\_\_  
 Original Site/Plot Plan Checked \_\_\_\_\_  
 Plans- Number of sets \_\_\_\_\_

Received Stamp

  
  
  
  
  
  
  
  
  
  

By: \_\_\_\_\_