



APPLICATION FOR BUILDING PERMIT

CITY OF OLIVETTE
DEPARTMENT OF PUBLIC SERVICES
1200 NORTH PRICE
OLIVETTE, MO 63132
www.olivettemo.com
Phone: (314) 993-0252
Fax: (314) 994-9862

For Office Use Only
Ownership ( ) Current
Taxes ( ) Current
Permit Review Fee
Payment Method:
( ) Check ( ) Charge ( ) Cash
Plan Review Nos.
Permit Nos.
Nos. of Inspections (other than final):
Inspection Fee:
Fee Total:
Completion Deposit Amount
( ) Check ( ) Charge ( ) Cash
Contacted on:
AMOUNT DUE:
Permit Fee:
Deposit:
Notes:
Inspections:

ADDRESS OF PROPERTY:

LOT NOS.: SUBDIVISION: ZONING:

DESCRIPTION OF PROPOSED WORK (i.e., construct, alter, install, relocate, remodel, change, etc.):

ALL RESIDENTIAL ADDITIONS AND EXTERIOR ALTERATIONS REQUIRE COMMUNITY DESIGN REVIEW BY THE CITY'S PLANNING COMMISSION PRIOR TO A BUILDING PERMIT BEING ISSUED

- Four (4) sets of sealed plans are required to be submitted with Commercial- and Industrial-use applications
Three (3) sets of sealed plans are required to be submitted with Residential-use applications
A site plan is required for all proposed exterior work

ESTIMATED COST OF PROPOSED WORK: \$

APPLICANT INFORMATION:

NAME: DATE:

COMPANY NAME (if applicable):

MAILING ADDRESS:

PHONE NOS.: FAX NOS.:

E-MAIL ADDRESS:

OWNER INFORMATION: (If same as applicant, check this box skip onto Contractor Information.)

NAME:

MAILING ADDRESS:

PHONE NOS.:

CONTRACTOR INFORMATION: (If same as applicant, check this box skip onto Architect/Engineer Information.)

COMPANY NAME:

CONTACT:

MAILING ADDRESS:

PHONE NOS.: FAX NOS.:

ARCHITECT/ENGINEER: (If same as applicant, check this box skip onto the Signature section.)

COMPANY NAME:

CONTACT:

MAILING ADDRESS:

PHONE NOS.: FAX NOS.:

SIGNATURE OF LEGAL OWNER OF PROPERTY:

SIGNATURE OF APPLICANT: (if not the legal owner)

PERMIT RECEIVED BY: DATE: