

Date _____

BUILDING PERMIT APPLICATION

Permit No. _____

CITY OF EUREKA

100 City Hall Dr. - P.O. Box 125 - Eureka, MO 63025

636-938-5233

Contact For Permit: Owner Contractor Ameren Premise #: _____ Flood Plain Yes No

Project Address: _____ Subdivision: _____ Lot No.: _____

Type of Work: New Construction Interior Finish Addition Repair Alteration Demolition Other _____

Type of Structure: Single Family Multi-Family # of Units _____ Commercial Industrial Other _____

Owner: _____
Last Name First Name Telephone Email

Street City State Zip Code

Tenant: _____

Total Estimated Construction Cost \$ _____

| <u>Building Contractor</u> | <u>Plumbing Contractor</u> | <u>Electrical Contractor</u> |
|----------------------------|----------------------------|------------------------------|
| Name _____ | Name _____ | Name _____ |
| Address _____ | Address _____ | Address _____ |
| Phone _____ | License # _____ | License # _____ |
| Email _____ | Phone _____ | Phone _____ |
| | Email _____ | Email _____ |

PLEASE CONTACT THE EUREKA FIRE PROTECTION DISTRICT FOR OTHER PERMIT NEEDS. ADDITIONALLY, IF COMMERCIAL, PLEASE CONTACT THE ST. LOUIS COUNTY PUBLIC WORKS DEPT. FOR OTHER PERMIT NEEDS.
I hereby affirm the above statements are true and correct, and also agree to comply with the provisions of the Ordinances of the City of Eureka. All applicable signatures must be on the application at the time of submission.

Owner _____ Signature _____ Print _____ Date _____

Contractor _____ Signature _____ Print _____ Date _____

Plumber _____ Signature _____ Print _____ Date _____

Electrician _____ Signature _____ Print _____ Date _____

| APPROVALS | APPROVAL NOTES | PERMIT COST |
|---|---|--------------------------------------|
| To schedule inspections please call 636-938-9710, Ext. 180 | ALL INSPECTIONS MUST BE SCHEDULED A MINIMUM OF 24 HOURS IN ADVANCE. Inspections must be scheduled by the contractor of record. All reinspection fees must be paid prior to requesting a final inspection. | 01-00-3060 Building \$ _____ |
| Permit is valid for 180 days from date of issuance or last approved inspection. | | 01-00-3075 Plumbing \$ _____ |
| Inspector _____ | | 01-00-3040 Electrical \$ _____ |
| Date _____ | | 06-00-3255 Water Connection \$ _____ |
| Building Commissioner _____ | | 06-00-3258 Water Impact \$ _____ |
| Date _____ | | 07-00-3255 Sewer Connection \$ _____ |
| | | 07-00-3258 Sewer Impact \$ _____ |
| | | Other \$ _____ |
| | | Total \$ _____ |