

Date \_\_\_\_\_

**BUILDING PERMIT APPLICATION**

Permit No. \_\_\_\_\_

**CITY OF EUREKA**

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

**636-938-5233 www.eureka.mo.us**

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 Phone Email

\_\_\_\_\_  
Street City State Zip Code

Tenant: \_\_\_\_\_

Total Estimated Construction Cost \$ \_\_\_\_\_ Master Plan Number (if applicable) \_\_\_\_\_

Building Contractor	Plumbing Contractor	Electrical Contractor
Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
Phone _____	License # _____	License # _____
Email _____	Phone _____	Phone _____
	Email _____	Email _____

**IF COMMERCIAL, PLEASE CONTACT THE ST. LOUIS COUNTY PUBLIC WORKS DEPARTMENT AND THE EUREKA FIRE PROTECTION DISTRICT 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 \_\_\_\_\_ Date \_\_\_\_\_  
Signature Printed Name

Contractor \_\_\_\_\_ Date \_\_\_\_\_  
Signature Printed Name

Plumber \_\_\_\_\_ Date \_\_\_\_\_  
Signature Printed Name

Electrician \_\_\_\_\_ Date \_\_\_\_\_  
Signature Printed Name

APPROVALS	APPROVAL NOTES	PERMIT COST
To schedule inspections please call 636-938-5233, Ext. 180	ALL INSPECTIONS MUST BE SCHEDULED A MINIMUM OF 24 HOURS IN ADVANCE.	10-09-4251 Building \$ _____
Permit is valid for 180 days from date of issuance or last approved inspection.		10-09-4375 Plumbing \$ _____
Inspector _____	All inspections must be scheduled by the Contractor of Record.	10-09-4240 Electrical \$ _____
Date _____	All reinspection fees must be paid prior to requesting a final inspection.	17-09-4314 Water Connection \$ _____
Building Commissioner _____	Please note that subdivision indentures may be more restrictive than City ordinances. It is recommended that the applicant seek subdivision approval prior to submitting this application to the City.	17-09-4258 Water Impact \$ _____
Date _____		18-09-4354 Sewer Connection \$ _____
		18-09-4258 Sewer Impact \$ _____
		Other _____ \$ _____
		<b>Total:</b> \$ _____