

DATE: _____

PERMIT #: _____

CITY OF EUREKA
RESIDENTIAL PERMIT APPLICATION
Building - Plumbing - Electrical
100 City Hall Drive - P.O. Box 125 - Eureka, MO 63025
Phone: 636-938-5233

Property Address: _____ Subdivision: _____ Lot#: _____

Owner: _____
Last Name First Name Phone Email

Street City State Zip Code

Ameren Premise # _____ Panel Box (Amps) _____ Wiring (# Circuits) _____ Outlets _____ Wire _____ Voltage _____

Total Estimated Construction Cost \$ _____ Improvement Type _____

<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 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.

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, Extension 180.	ALL INSPECTIONS MUST BE SCHEDULED 24 HOURS IN ADVANCE.	10-09-4251 Building \$ _____
Inspector _____	Permit is valid for 180 days from date of issuance or last approved inspection. All reinspection fees must be paid prior to requesting a final inspection.	10-09-4375 Plumbing \$ _____
Date _____		10-09-4240 Electrical \$ _____
Building Commissioner _____		17-09-4314 Water Connection \$ _____
Date _____		17-09-4258 Water Impact \$ _____
		18-09-4354 Sewer Connection \$ _____
		18-09-4258 Sewer Impact \$ _____
		Other _____ \$ _____
		Total: \$ _____