

DATE: _____

PERMIT #: _____

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

Property Address: _____

Tenant: _____
 Business Name Contact Name Phone Email

Owner: _____
 Last Name First Name Phone Email

 Street City State Zip Code

Contractor: _____
 Last Name First Name Phone Email

 Street City State Zip Code

Total Estimated Construction Cost \$ _____ Improvement Type: _____

All Commercial Plumbing, Electrical and Mechanical Permits should be obtained through St. Louis County's Department of Public Works.

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

Tenant _____ Date _____
 Signature Printed Name

Contractor _____ Date _____
 Signature Printed Name

APPROVALS	APPROVAL NOTES	PERMIT COST
<p>To schedule inspections please call 636-938-9710, Extension 180.</p> <p>Inspector _____</p> <p>Date _____</p> <p>Building Commissioner _____</p> <p>Date _____</p>	<p align="center">ALL INSPECTIONS MUST BE SCHEDULED 24 HOURS IN ADVANCE.</p> <p>Permit is valid for 180 days from date of issuance or last approved inspection.</p> <p>All reinspection fees must be paid prior to requesting a final inspection.</p>	<p>10-09-4251 Building \$ _____</p> <p>10-09-4375 Plumbing \$ _____</p> <p>10-09-4240 Electrical \$ _____</p> <p>17-09-4314 Water Connection \$ _____</p> <p>17-09-4258 Water Impact \$ _____</p> <p>18-09-4354 Sewer Connection \$ _____</p> <p>18-09-4258 Sewer Impact \$ _____</p> <p>Other _____ \$ _____</p> <p align="right">Total: \$ _____</p>