

ST CHARLES COUNTY
FLOOD REPAIR BUILDING PERMIT APPLICATION

201 N. SECOND ST. STE 412
ST CHARLES MO 63301

PHONE 636.949.7345
FAX 636.949.7336

FLOOD REPAIR

Permit# _____

Project Address: _____

Nearest Intersection _____

Subdivision _____ Lot _____

City _____ State _____ Zip _____

Owner Name _____ Phone Number _____

Address: _____

City _____ State _____ Zip _____

TYPE OF CONSTRUCTION FLOOD REPAIR

MUST INCLUDE:

- SCOPE OF WORK
- ESTIMATE OF REPAIRS (FROM YOUR INSURANCE COMPANY)
- FOOTPRINT DRAWING OF STRUCTURE

Contractor name/Number _____ Phone Number _____

This permit application expires in 90 days. If not picked up there will be a 25% processing fee applied

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent, and we agree to conform to all applicable codes of this jurisdiction.

Signature of Applicant _____ Date _____

Print Name _____ Phone Number _____

FOR OFFICE USE ONLY

Zoning Dist. _____ Parcel ID# _____ Lot Width _____

100 Year Flood _____ Site Plan Approval _____ Acres _____ Sq. Ft. _____

Set Backs f _____ f _____ s _____ r _____

Plan Reviewer _____ Review Date _____ Marshall Swift Cost _____

Length _____ Sq. Ft. 1st floor _____

Width _____ Sq. Ft. 2nd floor _____ Permit Fees _____

Height _____ Basement Sq. Ft. _____

Total Sq Ft. _____ Other Sq. Ft. _____ Total Fees _____

Inspections	_____ FTG	_____ UGE	_____ RE	_____ FINAL	_____ WS	_____ BACKFILL
	_____ PIERS	_____ RP	_____ DEMO	_____ L & D	_____ SL	_____ SEPTIC FINAL
	_____ GRP	_____ FR	_____ MECH	_____ T & F	_____ ES	_____ ANCHOR/TIEDOWN