

LAND DISTURBANCE APPROVAL PERMIT CHECKLIST

Complete These Forms

- MUNICIPAL ZONING APPROVAL FOR PERMIT APPLICATION

Present These Documents

- Five* (5) copies of site plan that:
 - Is drawn to scale (example: 1"=30'-0") and the scale indicated on site plan
 - Shows a north arrow
 - Shows the shape of the parcel and the parcel dimensions
 - Shows the street names abutting the parcel
 - Shows the shape of the main building and the building dimensions
 - Shows the dimensioned location of the main building on the parcel
 - Shows the parking spaces and indicates the handicapped parking spaces
 - If a multi-tenant building, indicates your proposed tenant space and dimensions
 - If a multi-tenant building, indicates how many square feet you occupy
 - Shows the dimensioned location of the proposed construction
- Five* (5) complete sets of plans. If St. Louis County requires sealed drawings by a registered architect/engineer, the City of Fenton requires, at least, a copy of the sealed drawings.

Pay These Fees (due prior to processing)

- \$50.00 Permit Fee
- \$500.00 Deposit for one (1) acre or less
OR
\$1,000.00 Deposit for more than one (1) acre

* One copy of plans and one copy of site plan will be retained by the City of Fenton, the remainder will be returned to the applicant.

Note:

The City of Fenton's Major Land Disturbance Special Inspector is required to perform weekly inspections and an inspection after any major rainfall event of ½ inch or more. The cost of inspections are \$20.00 per hour with a one (1) hour minimum. These costs will be deducted from the deposit. If the deposit amount is depleted before completion of the work, the City will bill the applicant monthly for the additional fees. At the end of the project, any money remaining will be refunded.

ST. LOUIS COUNTY / MUNICIPAL ZONING APPROVAL FOR PERMIT APPLICATION

| | |
|----------------------------|-------------------|
| Application Date: _____ | Permit No.: _____ |
| Dep \$ _____ Fee \$ _____ | Total: _____ |
| Payment Method: _____ | |
| Deposit Refund Date: _____ | |

CITY OF FENTON, 625 New Smizer Mill Road, Fenton, MO 63026

PLEASE PRINT

PROJECT INFORMATION:

Project Address: _____
 Tenant Name: _____
 Description of Work: _____ Sq. Ft.: _____

Property Owner Name
& Address: _____

Prop. Owner Phone No.: _____

Applicant Name & Address: _____

Applicant Phone No.: _____
Applicant Fax No.: _____

Municipal and St. Louis County Approval:

Municipal Approval Only:

| | | |
|--|--|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Retaining Wall | <input type="checkbox"/> Grading/Excavation |
| <input type="checkbox"/> Additions | <input type="checkbox"/> Occupancy | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Parking Lot | <input type="checkbox"/> Mechanical (exterior units) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sign Permit | <input type="checkbox"/> Demolition | |
| <input type="checkbox"/> Interior Finish/Remodel | <input type="checkbox"/> Other: _____ | |

Is this project located in a Flood Plain? No: _____ Yes: _____ Rating: _____

Value of construction: \$

Applicant Signature _____
Print Name _____

Note: Applicants for building permits must submit this form with four (4) copies of the site plan approved, signed and dated by the municipal official at the time the building permit application is submitted to St. Louis County, Department of Public Works.

| | | |
|---------------------------------------|-----------|---------------|
| Zoning Classification: | Approved: | Not approved: |
| Comments: | | |
| Zoning Signature: | | Date: |
| <i>Community Development Director</i> | | |

ST. LOUIS COUNTY PERMIT APPLICATION NUMBER: _____

ST. LOUIS COUNTY PUBLIC WORKS PERMIT OFFICES

**CLAYTON OFFICE
41 SOUTH CENTRAL AVENUE
ST. LOUIS, MO 63105
314-615-5184**

**NORTH SATELLITE OFFICE*
21 VILLAGE SQUARE
NORTH HWY 67 & HWY 270
HAZELWOOD, MO 63042
314-615-7304**

**SOUTH SATELLITE OFFICE*
4554 LEMAY FERRY ROAD
KELLER PLAZA
ST. LOUIS, MO 63129
314-615-4076**

**WEST SATELLITE OFFICE*
74 CLARKSON WILSON CENTRE
CLARKSON WILSON CENTRE
CHESTERFIELD, MO 63017
314-615-0902**

**Your application may be submitted at any of the above locations.
*Excluding PAC projects**