

MINOR LAND DISTURBANCE APPROVAL PERMIT CHECKLIST

Less than one (1) acre

Land Disturbance Activities: Clearing, grading, or any related work which results in removal of the natural site vegetation or destruction of the root zone or otherwise results in leaving the ground surface exposed to soil erosion through the action of wind or water.

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 location of silt control devices
 - Shows the direction of water runoff

Pay These Fees (due prior to processing)

- \$50.00 Permit Fee
- \$500.00 Refundable Deposit

Note:

One copy of plans and site plans will be retained by the City of Fenton. The remaining copies will be returned to the applicant.

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 Email: _____

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>City Planner</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*
NORTHWEST CROSSING
715 NORTHWEST PLAZA DRIVE
ST. ANN, MO 63074
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**