



Building Permit Application

Jefferson County Code Enforcement
 PO BOX 100 / 725 Maple Street
 Hillsboro, MO 63050
 Phone: 636-797-5310
 Fax: 636-797-5077

Permit: _____ Int.

Date: _____

PROJECT INFORMATION & LOCATION:

Project Type: Residential Multi-family Commercial **Construction Cost: \$** _____

Structure Type: New Building Existing Building Non-Habitable Temporary Structure **Premise #** _____

Project Address _____ City _____ Zip code _____

Parcel # _____ - _____ - _____ - _____ Subd. _____ Lot _____

OWNER INFORMATION:

Owner _____ Name _____ Phone # _____

Owner Address _____ Street Address _____ City _____ State _____ Zip Code _____

Tenant or Business Name _____ Existing New

WORK DESCRIPTION: (Brief description of work)

DESCRIPTION OF STRUCTURE:

Dwelling Space _____ Sq. Ft. Width _____ Length _____ Stories _____ Bedrooms _____ Bath _____ Fireplace # _____

Basement _____ Sq. Ft. Width _____ Length _____ Garage _____ Sq. Ft. Width _____ Length _____

Septic/Sewer _____ Water Supply _____ Fire Dist. _____ Bldgs. on Lot # _____ Occupied as _____

DIRECTIONS TO SITE:

IS THE PROPERTY LOCATED IN ANY AREA OF SPECIAL FLOOD HAZARD? YES _____ NO _____

NOTICE: The disposal of demolition waste is regulated by the Department of Natural Resources under Chapter 260,RSMo. Such waste, in types and quantities established by the department, shall be taken to a demolition landfill or a sanitary landfill for disposal.
 I understand if the information I have given above is not true, my permit may be revoked by the Jefferson County Code Enforcement, and I agree to abide by, and comply with, the conditions of all Building regulations and the Sewage Ordinance.
No structure may be occupied or used for any purpose until an Occupancy Permit has been issued by the Building Official.

CONTRACTOR/APPLICANT INFORMATION/CERTIFICATION:

Contractor/Applicant _____ Business Name Applicant Name Certification # _____ Phone # _____

Contractor/Applicant Address _____ Street Address _____ City _____ State _____ Zip Code _____

Signature _____ Owner Contractor Applicant