



# Building Permit Application

City of Arnold, Missouri

Please TYPE or PRINT clearly in ink. Incomplete applications will not be accepted.

DATE: \_\_\_\_\_

PROJECT INFORMATION & LOCATION		
PROJECT ADDRESS (OR NEAREST INTERSECTION, PARCEL NO.)	COST OF CONSTRUCTION (\$)	
USE GROUP	CONSTRUCTION TYPE (CIRCLE AS APPLICABLE) <b>I-A I-B II-A II-B III-A III-B IV V-A V-B</b>	
DESCRIPTION OF WORK		
EXISTING SQUARE FEET	ADDITIONAL SQUARE FEET	TOTAL SQUARE FEET

PROPERTY OWNER INFORMATION	
PROPERTY OWNER NAME/COMPANY	TENANT NAME & PHONE NUMBER (IF APPLICABLE)
MAILING ADDRESS	
EMAIL ADDRESS	PHONE NUMBER

APPLICANT/CONTACT PERSON INFORMATION	
APPLICANT/CONTACT PERSON NAME	PHONE NUMBER
MAILING ADDRESS	
EMAIL ADDRESS	FAX NUMBER

ARCHITECT INFORMATION (IF NOT APPLICANT)	
FIRM/COMPANY NAME	CONTACT NAME
MAILING ADDRESS	
EMAIL ADDRESS	PHONE NUMBER

OFFICE USE ONLY		PERMIT NO.:	
ZONING/SITE PLAN REVIEW	DATE	BUILDING PLAN REVIEW	DATE
NOTES:			
CONDITIONAL USE <input type="checkbox"/> YES <input type="checkbox"/> NO	SITE PLAN APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	PLANS <input type="checkbox"/> ATCH <input type="checkbox"/> ROLL <input type="checkbox"/> NONE	COP <input type="checkbox"/> RQD <input type="checkbox"/> NOT-RQD
UTILITY BILLING CHECK CURRENT: _____ OWES: _____ VERIFIED BY: _____		MINIMUM FEE (\$)	TOTAL FEE (\$)



**Building Permit Application**  
*City of Arnold, Missouri*

**CONTRACTOR INFORMATION**

	NAME / ADDRESS	PHONE NUMBER	EMAIL ADDRESS	LICENSE NUMBER	SIGNATURE
Contractor:	_____	_____	_____	_____	_____
Electrician:	_____	_____	_____	_____	_____
Plumber:	_____	_____	_____	_____	_____
Sewer/Drain:	_____	_____	_____	_____	_____
Mechanical:	_____	_____	_____	_____	_____
Fireplace Installer:	_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____	_____



**AUTHORIZATION TO APPLY FOR BUILDING PERMIT**

I, \_\_\_\_\_ certify that I am the owner in fee, or an authorized agent of the owner, and that the proposed work is authorized by the owner. I certify that, together with plans and specifications submitted to the Community Development Department, this application shows a true representation of the work to be accomplished under the permit. It is understood that any deviations from the original documents, unless approved by the Building Commissioner, will render the permit invalid. I certify that I agree to comply with all City of Arnold Building and Zoning Laws and Regulations pertaining to the work and agrees at any time to make all changes required by the Building Commissioner to conform to City Ordinance, Laws and Regulations. I further understand and agree that issuance of a permit for this work is a license to proceed with the work and shall not be construed as authority to violate, cancel, or set aside any of the provisions of the Building and Zoning Laws and Regulations of the City of Arnold, except as may be stipulated by legal variance or modification. I understand that any knowingly false, inaccurate, or incomplete information provided by me may result in the denial, revocation, or administrative withdrawal of this application for a building permit.

SIGNATURE OF APPLICANT (REQUIRED)	SIGNATURE OF PROPERTY OWNER (IF DIFFERENT)	DATE
-----------------------------------	--	------