



BUILDING PERMIT

City Use Only	
Permit #	
Building Official Signature:	
Date issued:	
Property Identification #	
Estimated Cost of Project:	\$
Total Permit Fees:	\$
Payment method: <input type="checkbox"/> Cash <input type="checkbox"/> Check _____ <input type="checkbox"/> Debit/Credit	

Applicant

Location: _____
 Owner Name: _____
 Address: _____
 Phone: _____
 Occupant: _____
 Phone: _____

New construction & commercial projects require plan submittal.

Plans Submitted: yes no Fees added for plan review: yes no
 Submissions: Site plan Construction Drawings

Engineer or Architect

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____

Cost for renovations = Gross Area x Cost x .25 x .0029

- Single Family Water Heater \$ 30.00 Commercial
- Two-Family Deck \$ 50.00 Industrial
- Multi-Family Porch \$ 50.00 School
- Garage Siding \$ 30.00 Sign \$30.00
- 24" + Pool \$ 45.00 Roof Shingles \$ 25.00 Excavation \$ 30.00
- Res Electric Upgrade \$ 50.00 Windows \$ 30.00 Commercial Electric Upgrade \$ 75.00

Contractor

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____

ZONING: CIRCLE ONE

A1 R1A R1B R1C R2 R3 C1 C2 C3 C4 I1 I2 M

Historic District: yes no Flood Plain: yes no

Description of project: _____

Subdivision: _____

Block and Lot: _____

Permit expires _____ days from the date of issue.

Cost calculator for new construction = Gross Area x Cost x .0029

- Hvac
- Shed
- Demolition \$ 30.00
- Addition
- Remodel
- Mobile Home Park Pad \$ 80.00

NEW BUILDING CONSTRUCTION	
Exterior Walls	<input type="checkbox"/> Frame <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Stone
Interior Walls	<input type="checkbox"/> Plaster <input type="checkbox"/> Drywall <input type="checkbox"/> Veneer
Roof Material	<input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Composite
Amps Required	<input type="checkbox"/> 3 Phase <input type="checkbox"/> Single Phase
Heating	<input type="checkbox"/> Forced Air <input type="checkbox"/> Baseboard <input type="checkbox"/> Radiant
Air Conditioner	<input type="checkbox"/> Electric <input type="checkbox"/> Gas
Bedroom #	
Bathroom #	
Alternate Heat	<input type="checkbox"/> Wood <input type="checkbox"/> Pellet <input type="checkbox"/> Gel
Flue Type	<input type="checkbox"/> Brick <input type="checkbox"/> Pipe

Building	Size	Item	Size	Item	Size and number
Length		Basement		Floor Joist	
Width		Footing		Ceiling Joist	
Height		Foundation		Rafters	
Stories		Foundation Studs		Stud Walls	

APPLICANT agrees to comply with all applicable code and ordinances of the City of St. Clair. APPLICANT understands that the issuance of the permit creates no legal liability, expressed or implied, on the City of St. Clair. APPLICANT certifies the information submitted is accurate. Full payment of permit fees required prior to application processing (check payable to "City of St. Clair"). **Failure to comply with any of the above requirements may result in a civil citation and/or fines.**

 Print Name

 Owner or Authorized Person Signature