



RESIDENTIAL BUILDING PERMIT APPLICATION

Incomplete applications will not be processed.

Project Address _____ Subdivision _____ Lot _____

Applicant is: Architect/engineer Contractor Owner

PROPERTY OWNER

Name		Phone	
Address	City	State	Zip
Email			

GENERAL CONTRACTOR

Name		Phone	
Address	City	State	Zip
Email	LSL Business License No.		

ARCHITECT/ENGINEER

Name		Phone	
Address	City	State	Zip
Email			

TYPE OF STRUCTURE

Check only one. Single-family residential Multi-Family Residential (No. of Units: _____)

CLASS OF WORK

- New Structure* Addition* Interior Remodel Maintenance/Repair/Replace Fire Repair
- Basement Finish New Deck* Deck Replacement* In-Ground Pool* Fence*
- Pergola* Patio* Exterior Changes* Retaining Wall*

**Items require a site plan with modifications indicated on plan.*

PROJECT DETAILS

Check all items applicable to project. Plumbing Electrical Mechanical/HVAC

Estimated completion date _____ Estimated Cost of Construction \$ _____

Description of work _____

BUILDING DATA

Construction Type _____ Occupancy Group _____ Stories _____ Living Area Sq. Ft. _____
Width _____ Depth _____ Height _____ Garage Sq. Ft. _____ Unfinished Basement Sq. Ft. _____
Setbacks: Front _____ Rear _____ Side 1/garage _____ Side 2 _____

SUB CONTRACTORS

Lake Saint Louis City Ordinance requires any General Contractor or Subcontractor(s), working on a project for which a permit is sought, obtain a LSL City Business License prior to issuance of any permit. The MEP contractors are also required to have a current contractor's license issued by St. Charles County.

Name Address City/State/Zip Phone County License No.

Electrician _____

Mechanical _____

Plumber _____

**ATTACH A LIST OF ALL ADDITIONAL SUBCONTRACORS WHICH INCLUDES CONTACT NAME/COMPANY/ADDRES/PHONE
SUBMITTING INCOMPLETE PLANS WILL DELAY THE RELEASE OF YOUR BUILDING PERMIT**

- **New construction:** Two (2) sets of construction plans; two (2) copies of site plan; sealed truss drawings; and, if approval is required by Architectural Review Board (ARB), eight (8) copies of front & rear elevations (8 1/2 x 11 paper); eight (8) copies of color sheets with samples attached. Most new construction requires approval by the ARB. **Lot must be staked by 2:00 p.m. on the Friday before the Tuesday ARB meeting.**
- **Exterior changes that require ARB approval such as, room additions, sunrooms, in-ground pools, gazebos, etc.:** Two (2) sets of construction plans; two (2) copies of site plan indicating where the project is located; eight (8) copies of front & rear elevations.
- **Interior changes such as, basement finish, interior remodel, etc. and exterior changes that do not require ARB approval:** Two (2) sets of plans.
- **HOA approval may be required.** Please contact your Homeowner Association to determine if HOA approval is necessary.
- **Community Association approval may be required.** If the property is located within the Lake Saint Louis Community Association please contact the Community Association at 636-625-8276 for CA approval.
- **Construction design.** Construction designs submitted for Building Department review must be drawn to a level of detail that would, without the need for any additional information, enable an experienced contractor, otherwise unfamiliar with the project, to build the desired structure with all the desired features in the desired configuration and location.

PLEASE READ AND SIGN

I certify that I am the owner in fee or agent authorized to apply for this permit, that as such I grant permission to the Building Official or his representative to enter all areas of the above mentioned property for which I have hereby made application for a building permit, that I have contracted with the above named general, mechanical, electrical, and plumbing contractors regarding performing the work, and that the cost estimates herein are true and correct, to the best of my knowledge.

APPLICANTS PRINTED NAME: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PLEASE DO NOT WRITE BELOW THIS LINE

Date Received: _____ Fire District: _____ Taxes Paid: Yes No

Review Fee: _____ Permit Fee: _____ Total Building Permit Fee: _____

ARB Approval Required: Yes No If Yes, Date of ARB Approval: _____

Permit Application Reviewed by: _____ Date: _____