

City of Truesdale
 109 Pinckney Street
 Truesdale, MO 63383
 636-456-3166

**APPLICATION FOR
 PLAN EXAMINATION AND BUILDING PERMIT**
 PLEASE CHECK WITH FIRE DISTRICT FOR
 PERMIT REQUIREMENTS

HDR Engineering, Inc.
 401 S. 18th Street, Suite 300
 St. Louis, MO 63103
 314-425-8300

Fred Lee
 314-486-0976

IMPORTANT - Applicant to complete all items in sections: I, II, III, and IV.

I. LOCATION OF BUILDING	AT (LOCATION) _____	(NO.) _____	(STREET) _____	ZONING DISTRICT _____	
	BETWEEN _____	AND _____		(CROSS STREET) _____	
	(CROSS STREET) _____				
	SUBDIVISION _____	LOT _____	BLOCK _____	LOT SIZE _____	

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D

<p>A. TYPE OF IMPROVEMENT</p> <p>1. <input type="checkbox"/> New building</p> <p>2. <input type="checkbox"/> Addition if residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3. <input type="checkbox"/> Alteration (See 2 above)</p> <p>4. <input type="checkbox"/> Repair, replacement</p> <p>5. <input type="checkbox"/> Wrecking if multifamily residential, enter number of units in building in Part D, 13)</p> <p>6. <input type="checkbox"/> Moving (relocation)</p> <p>7. <input type="checkbox"/> Foundation only</p>	<p>D. PROPOSED USE - For "Wrecking" MOST RECENT USE</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p>Residential</p> <p>12. <input type="checkbox"/> One Family</p> <p>13. <input type="checkbox"/> Two or more family - Enter Number of units → _____</p> <p>14. <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units → _____</p> <p>15. <input type="checkbox"/> Garage</p> <p>16. <input type="checkbox"/> Carport</p> <p>17. <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%; vertical-align: top;"> <p>Nonresidential</p> <p>18. <input type="checkbox"/> Amusement, recreational</p> <p>19. <input type="checkbox"/> Church, other religious</p> <p>20. <input type="checkbox"/> Industrial</p> <p>21. <input type="checkbox"/> Parking garage</p> <p>22. <input type="checkbox"/> Service station, repair garage</p> <p>23. <input type="checkbox"/> Hospital, institutional</p> <p>24. <input type="checkbox"/> Office, bank, professional</p> <p>25. <input type="checkbox"/> Public utility</p> <p>26. <input type="checkbox"/> School, library, other educational</p> <p>27. <input type="checkbox"/> Stores, mercantile</p> <p>28. <input type="checkbox"/> Tanks; towers</p> <p>29. <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table>	<p>Residential</p> <p>12. <input type="checkbox"/> One Family</p> <p>13. <input type="checkbox"/> Two or more family - Enter Number of units → _____</p> <p>14. <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units → _____</p> <p>15. <input type="checkbox"/> Garage</p> <p>16. <input type="checkbox"/> Carport</p> <p>17. <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18. <input type="checkbox"/> Amusement, recreational</p> <p>19. <input type="checkbox"/> Church, other religious</p> <p>20. <input type="checkbox"/> Industrial</p> <p>21. <input type="checkbox"/> Parking garage</p> <p>22. <input type="checkbox"/> Service station, repair garage</p> <p>23. <input type="checkbox"/> Hospital, institutional</p> <p>24. <input type="checkbox"/> Office, bank, professional</p> <p>25. <input type="checkbox"/> Public utility</p> <p>26. <input type="checkbox"/> School, library, other educational</p> <p>27. <input type="checkbox"/> Stores, mercantile</p> <p>28. <input type="checkbox"/> Tanks; towers</p> <p>29. <input type="checkbox"/> Other - Specify _____</p>
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<p>B. OWNERSHIP</p> <p>1. <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>2. <input type="checkbox"/> Public (Federal, State or local government)</p>			
<p>C. COST</p> <p>10. Cost of Improvement..... \$ _____</p> <p>To be installed but not included in the above cost</p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ _____</p>	<p>Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for, department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.</p>		

III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete parts E - L; for wrecking, complete only Part J, for all others skip to IV.

<p>D. PRINCIPAL TYPE OF FRAME</p> <p>30. <input type="checkbox"/> Masonry (wall bearing)</p> <p>31. <input type="checkbox"/> Wood frame</p> <p>32. <input type="checkbox"/> Structural Steel</p> <p>33. <input type="checkbox"/> Reinforced concrete</p> <p>34. <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40. <input type="checkbox"/> Public or private company</p> <p>41. <input type="checkbox"/> Private (septic tank, etc.)</p>	<p>J. Dimensions</p> <p>48. Number of stories.....</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions.....</p> <p>50. Total land area, sq. ft.....</p>	
	<p>H. TYPE OF WATER SUPPLY</p> <p>42. <input type="checkbox"/> Public or private company</p> <p>43. <input type="checkbox"/> Private (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed.....</p> <p>52. Outdoor.....</p>	
<p>F. PRINCIPAL OF HEATING FUEL</p> <p>35. <input type="checkbox"/> Gas</p> <p>36. <input type="checkbox"/> Oil</p> <p>37. <input type="checkbox"/> Electricity</p> <p>38. <input type="checkbox"/> Coal</p> <p>39. <input type="checkbox"/> Other - Specify _____</p>	<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44. <input type="checkbox"/> Yes 45. <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46. <input type="checkbox"/> Yes 47. <input type="checkbox"/> No</p>	<p>K. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms.....</p> <p>54. Number of Bathrooms</p> <p>Full</p> <p>Partial.....</p>	

NO. _____ STREET _____

IV. IDENTIFICATION – To be completed by all applicants

Name		Mailing address – Number, street, city, and State	Zip code	Tel. No.
1. Owner or Lessee				
2. Contractor			Builder's License No.	
3. Architect or Engineer				

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws this jurisdiction.

Signature of Applicant	Address	Application Date
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DO NOT WRITE BELOW THIS LINE

V. PLAN REVIEW RECORD – For office use

Plan Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
OTHER		\$					

VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER					OTHER				

VII. VALIDATION

Building Permit Number _____ Building Permit issued _____ Building Permit Fee \$ _____ Certificate of Occupancy \$ _____ Drain Title \$ _____ Plan Review Fee \$ _____	<p style="text-align: right;">FOR DEPARTMENT USE ONLY</p> Use Group _____ Fire Grading _____ Live Load _____ Occupancy Load _____
Approved by: _____ _____ _____	TITLE _____