

DEMOLITION ZONING APPROVAL PERMIT CHECKLIST

Complete These Forms

- ST. LOUIS COUNTY/MUNICIPAL ZONING APPROVAL FOR PERMIT APPLICATION

Present These Documents

- Five* (5) copies of site plan that:
 - Is drawn to Scale (example: 1"=30'-0") and the scale indicated on site plan
 - Shows a north arrow
 - Shows the shape of the parcel and the parcel dimensions
 - Shows the street names abutting the parcel
 - Shows the shape and dimensions of the building to be demolished. For partial demolition, provide dimensions of building to remain
 - Shows the parking spaces and indicates the handicapped parking spaces if any portion of a building is to remain

Pay These Fees (due prior to processing)

- \$50.00 Permit Fee
- +
- \$1,500.00 Deposit

Next Step

Once approved for zoning by the City of Fenton, pick up signed documents and submit to St. Louis County for permit.

ST. LOUIS COUNTY / MUNICIPAL ZONING APPROVAL FOR PERMIT APPLICATION

Application Date: _____	Permit No.: _____
Dep \$ _____ Fee \$ _____	Total: _____
Payment Method: _____	
Deposit Refund Date: _____	

CITY OF FENTON, 625 New Smizer Mill Road, Fenton, MO 63026

PLEASE PRINT

PROJECT INFORMATION:

Parcel Address: _____ Locator # _____
 Project Address _____
 Tenant Name: _____
 Description of Work: _____ Sq. Ft.: _____

Property Owner Name
& Address: _____

Prop. Owner Phone No.: _____

Applicant Name & Address: _____

Applicant Phone No.: _____
Applicant Email: _____

Municipal and St. Louis County Approval:

<input type="checkbox"/> New Construction <input type="checkbox"/> Additions <input type="checkbox"/> Land Disturbance <input type="checkbox"/> Sign Permit <input type="checkbox"/> Interior Finish/Remodel	<input type="checkbox"/> Retaining Wall <input type="checkbox"/> Occupancy <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Demolition <input type="checkbox"/> Other: _____
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Municipal Approval Only:

Parking Lots
 Excavation
 Clearing
 Other: _____

Is this project located in a Floodplain? No: _____ Yes: _____ Rating: _____

Value of construction: \$

Applicant Signature _____
Print Name _____

* I certify that I am the Property Owner/Agent for the owner and/or otherwise authorized to perform this work.

Note: Applicants for building permits must submit this form with four (4) copies of the site plan approved, signed and dated by the municipal official at the time the building permit application is submitted to St. Louis County, Department of Public Works.

Zoning Classification:	Approved:	Not approved:
Comments:		
Zoning Signature:		Date:
<i>Community Development Director</i>		

ST. LOUIS COUNTY PERMIT APPLICATION NUMBER: _____

ST. LOUIS COUNTY PUBLIC WORKS PERMIT OFFICES

**CLAYTON OFFICE
41 SOUTH CENTRAL AVENUE
ST. LOUIS, MO 63105
314-615-5184**

**NORTH SATELLITE OFFICE*
NORTHWEST CROSSING
715 NORTHWEST PLAZA DRIVE
ST. ANN, MO 63074
314-615-7304**

**SOUTH SATELLITE OFFICE*
4554 LEMAY FERRY ROAD
KELLER PLAZA
ST. LOUIS, MO 63129
314-615-4076**

**WEST SATELLITE OFFICE*
74 CLARKSON WILSON CENTRE
CLARKSON WILSON CENTRE
CHESTERFIELD, MO 63017
314-615-0902**

**Your application may be submitted at any of the above locations.
*Excluding PAC projects**