

RACKING PERMIT CHECKLIST

8'-0" tall and over

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 of the main building and the building dimensions
 - Shows the dimensioned location of the main building on the parcel
 - Shows the parking spaces and indicates the handicapped parking spaces
 - If a multi-tenant building, indicates your proposed tenant space and dimensions
 - If a multi-tenant building, indicates how many square feet you occupy

- Five (5) copies of detail drawing showing at least:
 - The racking footprint
 - How the racking is anchored
 - Racking height dimensions

Pay These Fees (due prior to processing)

- Based on Value of Construction:

Under \$25,000	- \$ 50.00 + \$15.00 Processing Fee = \$ 65.00
\$25,001 to \$50,000	- \$ 60.00 + \$15.00 Processing Fee = \$ 75.00
\$50,001 to \$100,000	- \$ 80.00 + \$15.00 Processing Fee = \$ 95.00
\$100,001 and over	- \$100.00 + \$15.00 Processing Fee = \$115.00

Next Step:

Once approved for zoning by the City of Fenton, pick up signed documents and submit to St. Louis County for Building Permits and to Fenton Fire Protection District.

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:

_____ New Construction _____ Retaining Wall
 _____ Additions _____ Occupancy
 _____ Land Disturbance _____ Swimming Pool
 _____ Sign Permit _____ Demolition
 _____ Interior Finish/Remodel _____ Other: _____

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**