

# **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:**

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:**

**Municipal Approval Only:**

<input type="checkbox"/> New Construction	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Grading/Excavation
<input type="checkbox"/> Additions	<input type="checkbox"/> Occupancy	<input type="checkbox"/> Landscaping
<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Mechanical (exterior units)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Sign Permit	<input type="checkbox"/> Demolition	
<input type="checkbox"/> Interior Finish/Remodel	<input type="checkbox"/> Other: _____	

Is this project located in a Flood Plain? No: \_\_\_\_\_ Yes: \_\_\_\_\_ Rating: \_\_\_\_\_

Value of construction: \$ \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_  
**Print Name** \_\_\_\_\_

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**