

Building Inspector: **FRED LEE**  
 1-314-486-0976  
 Archer Engineers  
 1060 Country Club Road  
 St. Charles, MO 63303  
 636-946-7020

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

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

<b>I. LOCATION OF BUILDING</b>	AT (LOCATION) _____ (NO.) _____ (STREET) BETWEEN _____ AND _____ (CROSS STREET) (CROSS STREET) SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____	ZONING DISTRICT _____																										
<b>II. TYPE AND COST OF BUILDING – All applicants complete Parts A – D</b>																												
<b>A. TYPE OF IMPROVEMENT</b> 1 <input type="checkbox"/> New building 2 <input type="checkbox"/> Addition if residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Wrecking If multifamily residential, enter number of units in building in Part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only	<b>D. PROPOSED USE – For "Wrecking" most recent use</b> <table style="width: 100%;"> <tr> <th style="text-align: left;">Residential</th> <th style="text-align: left;">Nonresidential</th> </tr> <tr> <td>12 <input type="checkbox"/> One family</td> <td>18 <input type="checkbox"/> Amusement, recreational</td> </tr> <tr> <td>13 <input type="checkbox"/> Two or more family – Enter number of units → _____</td> <td>19 <input type="checkbox"/> Church, other religious</td> </tr> <tr> <td>14 <input type="checkbox"/> Transient hotel, motel, or dormitory – Enter number of units → _____</td> <td>20 <input type="checkbox"/> Industrial</td> </tr> <tr> <td>15 <input type="checkbox"/> Garage</td> <td>21 <input type="checkbox"/> Parking garage</td> </tr> <tr> <td>16 <input type="checkbox"/> Carport</td> <td>22 <input type="checkbox"/> Service station, repair garage</td> </tr> <tr> <td>17 <input type="checkbox"/> Other – Specify _____</td> <td>23 <input type="checkbox"/> Hospital, institutional</td> </tr> <tr> <td>_____</td> <td>24 <input type="checkbox"/> Office, bank, professional</td> </tr> <tr> <td>_____</td> <td>25 <input type="checkbox"/> Public utility</td> </tr> <tr> <td></td> <td>26 <input type="checkbox"/> School, library, other educational</td> </tr> <tr> <td></td> <td>27 <input type="checkbox"/> Stores, mercantile</td> </tr> <tr> <td></td> <td>28 <input type="checkbox"/> Tanks, towers</td> </tr> <tr> <td></td> <td>29 <input type="checkbox"/> Other – Specify _____</td> </tr> </table>	Residential	Nonresidential	12 <input type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational	13 <input type="checkbox"/> Two or more family – Enter number of units → _____	19 <input type="checkbox"/> Church, other religious	14 <input type="checkbox"/> Transient hotel, motel, or dormitory – Enter number of units → _____	20 <input type="checkbox"/> Industrial	15 <input type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage	16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage	17 <input type="checkbox"/> Other – Specify _____	23 <input type="checkbox"/> Hospital, institutional	_____	24 <input type="checkbox"/> Office, bank, professional	_____	25 <input type="checkbox"/> Public utility		26 <input type="checkbox"/> School, library, other educational		27 <input type="checkbox"/> Stores, mercantile		28 <input type="checkbox"/> Tanks, towers		29 <input type="checkbox"/> Other – Specify _____	<b>B. OWNERSHIP</b> 8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)
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<b>C. COST</b> 10 Cost of Improvement..... \$ _____ <i>To be installed but not included in the above cost</i> a. Electrical..... b. Plumbing..... c. Other (elevator, etc.)..... 11. TOTAL COST OF IMPROVEMENT \$ _____	(Omit cents) <b>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.</b>																											
<b>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.</b>																												
<b>E. PRINCIPAL TYPE OF FRAME</b> 30 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other – Specify _____	<b>G. TYPE OF SEWAGE DISPOSAL</b> 40 <input type="checkbox"/> Public or private company 41 <input type="checkbox"/> Private (septic tank, etc.) <b>H. TYPE OF WATER SUPPLY</b> 42 <input type="checkbox"/> Public or private company 43 <input type="checkbox"/> Private (well, cistern)	<b>J. Dimensions</b> 48 Number of stories..... 49 Total square feet of floor area, all floors, based on exterior dimensions..... 50. Total land area, sq. ft. .... <b>K. NUMBER OF OFF-STREET PARKING SPACES</b> 48 Enclosed..... 49 Outdoor..... <b>L. RESIDENTIAL BUILDINGS ONLY</b> 53 Number of bedrooms ..... 54 Number of bathrooms Full..... Partial.....																										
<b>F. PRINCIPAL OF HEATING FUEL</b> 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other – Specify _____	<b>I. TYPE OF MECHANICAL</b> Will there be central air conditioning? 44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No																											

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 of this jurisdiction.			
Signature of Applicant	Address	Application Date	

**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		FOR DEPARTMENT USE ONLY	
Building Permit number _____		Use Group _____	
Building Permit issued _____		Fire Grading _____	
Building Permit Fee \$ _____		Live Load _____	
		Occupancy Load _____	
Certificate of Occupancy \$ _____		Approved by: _____	
Drain Tile \$ _____		_____	
Plan Review Fee \$ _____		_____	
		TITLE	