

BUILDING PERMIT APPLICATION

139 S. Kirkwood Rd., Kirkwood, MO 63122 | (314) 822-5823 | www.kirkwoodmo.org

When you are ready for an inspection, please email bldginspections@kirkwoodmo.org to schedule. Provide the following required information: Address, Permit/Application Number, Type of Inspection, and the Date desired. Your request will be processed within 24 hours of your submittal (Monday thru Friday). Please allow a minimum of 48 hours for inspection to be made.

PROJECT ADDRESS:		Zone:							
Type of Structure:	☐ Single or Two-F	amily	☐ Multi-F	amily	Apt/ Cond	o 🗆 C	ommer	cial**	
	☐ New Business o	or Tenant	: Finish*		Landmark	** 🗆 H	listoric I	District**	
*The following Business Information	n is required. Parking Works	heet is requ	ired if changing	g the Bus	siness Type or	Use to higher	parking re	quirement.	
Proposed Business Type:			Bu	siness	Name: _				
Previous Business Type:	Business Name:								
Type of Permit:	□ Building □ E	lectrical	□ Mechar	nical	□ Plumbi	ng 🗆 Inte	grated	□ Sign	
Property Owner Informati	on:								
Name			P	hone					
Address (if different from Project)									
City/State/Zip			E	-mail					
December Ducie of Monte.									
Square Footage:		Cost of	f Construc	t <mark>ion:</mark>	\$				
I hereby certify that all the info comply with Kirkwood Ordina Plumbing Contractors who hauthorize the proposed work	ances. I understand tha nave active Contractor	at a permi 's Busine	t is not effe ss Licenses	ctive u	ntil signed l eby certify	by Electrical that the Ow	, Mechai /ner(s) c	nical, and	
I understand that deed restrict by the City of Kirkwood. The indentures, and other propert	City recommends the	Property	Owner revi	ew the	deed, sub				
Contractor/Applicant					KWD LIC. NO.				
Address			Cit	ty/Stat	e/Zip				
E-mail			Ph	one					
Signature			 Da	ate					
								,	
City Use Only Permit #:		D	ate Stamp		Po	ermit Fee:	\$		
<pre>case # **Zoning Approval:</pre>						□ RSNW	\$5000	Deposit	
Reviewed By:								Deposit	
Notified On:					To	otal Fee:	\$		
Deposit Paid By:									

ELE	CTRICAL P	ERMIT:								
	lectrical Contractor usiness Name KWD LIC. NO.									
Signa	gnature Phone									
Fixtu	res/Outlets:			Service:		□ New □				
			☐ Undergro			p □ 200 amp				
	□Pa	anel Repla	acement Only	,	Phase		Wire			
Inspections:			☐ Ground		☐ Rough		☐ Final			
MEC	HANICAL F	PERMIT:								
	Mechanical Contractor Business Name KWD LIC. NO									
Signature			Phone							
☐ Furnace & A/C			☐ Furnace Only ☐ A/C Only							
PLUI	MBING PER									
Plumbing Contract Business Name			or KWD LIC. NO							
<u>_</u>	Signature					Phone				
Fixtures/Outlets:		□ Water Heater □ Sewer Line Repair < 140								
	ections:		☐ Groun	d □ Ro	ough 🗆] Final				
cterior	Plumbing C Business N	ing Contractor ess Name KWD LIC. NO								
ш	Signature					Phone				
PLUI	MBING PER	MIT FOR	DEMOLITIO	N: A demo	lition applica	ation must be on	file to obtain p	ermit		
Digg	ing in City	Right-of-	Way?	□ Yes*	□ No	*Excavation Peri	mit Required			
Sewe	er Disconne	ect for De	emolition – M	ust Choose	e One					
	Lining Sewe		• • •	I required pric	or to demo) Ne	ed to verify sewer ha	s □ Capping	Sewer at Main		
Wate	er Disconne	ct for De	molition – M	ust Choose	One					
□ Tap Destroy at Main		h h	☐ Install yard ydrant - must ave water ept. approval	☐ Re-Usir Service – r water dept	must have	☐ New Tap at Time of Destroy – please select the tap size	☐ 1.5" fee =	☐ 1" fee = \$225 ☐ 1.5" fee = \$445 ☐ 2" fee = \$565		
			ion Site – Mu							
] Yard Hydrai	าt (See Finaเ	nce Dept. for Billing	g) □ Fire	e Hydrant	☐ Bringing in Water	er 🛚 Approval	to use Neighbor's		