Sue McNamara MAYOR



Michele McMahon CITY ADMINISTRATOR

BUILDING PERMIT APPLICATION

Date:	
Project Address:	
Plans approved by Subdivision Trustees? (Applicable for example and the second	erior projects only) Yes No
Provide Detailed Description of Project:	
Homeowner Name:	Phone:
Email Address:	Alt. Phone:
Contractor:	Phone:
Contact:	
Email Address:	_
Architect Name:	Phone:
Contact:	
Email Address:	
dumpster is good for thirty (30) days. If additional t from the Director of Solid Waste Management.Will this project require a portable storage unit, PODS, or sin If yes, the unit must be located on the homeown the Clarkson Valley Code and must be approved by t	nilar device? Yes No her's property per all provisions stated in
Will this project require a temporary non-sewered sanitation If yes, the location must be approved by the Building	
Will this project require gravel, stone blocks, bricks, or a tra If yes, the gravel, blocks and/or bricks may not be dr be parked no longer than 72-hours.	
OCCUPANCY IS PERMITTED ONLY IF AN COMPLETION CERT ARE ISSUED ONLY AFTER THE FINAL INSPECTION IS MADE A	
As a matter of policy, the City of Clarkson Valley will issue a si.e., decks, patios, tie walls, etc. when they are in a single re-	• •
City of Clarksc	n Valley
15933 Clavton Road, Suite 105 · Ballwin, Missouri · 63011	

15933 Clayton Road, Suite 105 · Ballwin, Missouri · 63011 Office (636) 227-8607 · Fax (636) 227-1914 · www.clarksonvalley.org · cityhall@clarksonvalley.org



or set of drawings filed at the same time. Inspections will be combined where possible and appropriate. If this is not possible, then a separate permit is required for each item. Each sheet of the four (4) sets of construction plans that are required to accompany this Building Permit Application must be "signed" BUILDING PERMIT APPLICATION and "sealed" by an architect or engineer registered in the State of Missouri. The plot (site) plan must also be "signed" and "sealed" by a licensed surveyor or engineer registered in the State of Missouri. In most instances, PATIOS and INTERIOR FINISH jobs do not require plans that are "signed" and "sealed" by a registered architect. Provide two sets of complete plan layout of roof trusses including connections and any modifications for openings, with the truss diagrams, all approved and sealed by a registered architect/engineer.

The total square footage of all living space that will be constructed under this specific Building Permit, including the garage and finished basements in the house and in house additions. _____ Total SF.

NOTE: Plumbing, electrical, mechanical and elevator work must be done by Contractors registered in St. Louis County. Permits are to be secured from and inspections made by St. Louis County.

No representation in this Application, nor any statement, schedule or exhibit furnished by the Applicant or Owner pursuant to this Application shall contain any untrue statement of a material fact or shall omit a material fact necessary to make the statements, schedules or exhibits contained therein not misleading.

In the event a Building Permit is issued pursuant to this Application, construction must begin six (6) months of the date issued. Said Building Permit is valid for one (1) year from the date approved and is contingent upon the Applicant proceeding with due diligence to complete the Project. In the event the City determines that due diligence in the completion of the Project is not being exercised, said Building Permit shall, upon ten (10) days written Notice to Applicant, be rescinded and all work thereunder shall cease.

Submission of any untrue statement or omission of a material fact shall herein be grounds for the immediate revocation of any Building Permit or Occupancy Permit issued pursuant to this Application.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT AND THAT I AM THE OWNER OR DULY AUTHORIZED TO ACT IN THE OWNER'S BEHALF AND HEREBY AGREE TO COMPLY WITH THE APPLICABLE REQUIREMENTS OF THE FIRE PREVENTION AND BUILDING CODES OF THE CITY OF CLARKSON VALLEY, MISSOURI. IT IS FURTHER UNDERSTOOD THAT THIS APPLICATION DOES NOT CONSTITUTE A PERMIT.

Applicant's Signature:	Title:
Received by:	Date:
Approved by:	Date:
Building Commissioner	

City of Clarkson Valley

15933 Clayton Road, Suite 105 · Ballwin, Missouri · 63011 Office (636) 227-8607 · Fax (636) 227-1914 · www.clarksonvalley.org · cityhall@clarksonvalley.org