

FRANKLIN COUNTY BUILDING DEPARTMENT - PERMIT APPLICATION

INSTRUCTIONS: Complete and submit this application, along with the required information as outlined in "Building in Franklin County" booklet, plus the "Non-Refundable" \$25.00 Application and Processing Fee; OR mail the information to the: Franklin County Building Dept., 400 E. Locust Street Room 006, Union, MO. 63084; Office: 636-583-6384; Web address www.franklinmo.org.

Information on Property Owner:

Property Owner _____
 Current Mailing Address _____
 Phone # _____ Cell # _____
 Work # _____ EMail _____

Information on Building Site:

ENS # _____
 Subdivision Name _____
 Lot #(s) _____
 Tax I.D. Parcel# _____

Permit # _____
Situs _____
Pol Twp _____
Lot Size _____
Twp _____ Rg _____ Sect _____
Application & Processing Fee: \$25.00 [NON-REFUNDABLE]
Call For Permit P/U: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor
Mail Permit To: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor
<u>AMOUNT PAID:</u> _____ <u>RECEIPT #</u> _____
<u>ZONING:</u> _____ <u>SCHOOL DIST.</u> _____

Information on Building:

[DATE APPLICATION RECEIVED]

Type of Improvement: New Building Addition Modification, Alteration, Repair, Remodel

Structural Type - ✓ all that apply:

[Residential]

[Non-Residential]

- Single Family Dwelling
- Deck
- Carport
- Storage Building
- Pool - in ground above ground
- Garage, Attached
- Porch
- Garage, Detached
- Other _____

- Church
- Tower
- Education Facility
- COMMERCIAL BUILDING
- Use of building: _____

Has construction started? Yes / No

Structure Information:

Foundation

- Slab
- Post Holes
- Continuous Wall
- Crawlspace
- Other _____

of Bedrooms _____

of Bathrooms _____

Dimensions

of Stories _____

- Gas Fireplace
- Electric A/C
- Other _____

Electric Service

Amps _____

Utility Co. _____

Premise #(Ameren UE Only) _____

Basement

- Yes No

Total Square Footage _____

Estimated Construction Cost: _____

Finished Basement

- Yes No

Frame

- Wood Frame
- Structural Steel
- Other _____

Roof Material

- Sheet Metal
- Fiberglass/ASP
- Wood Shake
- Other _____

Water Supply

- Individual Well
- Central System/District Name: _____
- Approval Letter from Dist. Recv'd

HVAC/Mechanical

GENERAL CONTRACTOR'S NAME, ADDRESS & PHONE # :

DRIVEWAYS: Will You Be Modifying An Existing Driveway? Yes No
Will You Be Installing A New Driveway? Yes No

SEWAGE DISPOSAL SYSTEM

Central System/District Name _____ Approval Letter from Sewer District Received

Individual On-Site System:

Percolation Rate _____ Recommendation _____

Soil Evaluation/Recommendation _____

CONDITIONS OF APPLICATION FOR PERMIT:

I agree to connect to a publicly - or governmentally - owned and operated water supply and/or sewer line if located within 300 ft. of my property, as required by the "County of Franklin On-Site Sewage Disposal Systems Ordinance & Regulations." All non-residential construction requires an engineer/architect seal on all plans. I agree that my sewage construction work shall be performed in accordance with the "County of Franklin On-Site Sewage Disposal Systems Ordinance & Regulations" and if I contract an installer to perform the work, s/he must be certified/registered installer. ***Percolation Test results/Soil Evaluation results, complete sewer design, detailed plot plan and choice of installer is mandatory at time of application.***

INDIVIDUAL PERFORMING SEWAGE INSTALLATION WORK:

Certified/Registered Installer Name & #: _____

***If homeowner is the on-site sewage disposal installer, an affidavit - available at the Building Department Office - must be signed by s/he at time of application and/or prior to permit being issued.

HomeOwner as Installer Signature: **X** _____

X _____

Signature of Applicant/Agent

Date of Application

Building Department *** Office Use Only *** Building Department			
Use Group _____	Type of Construction _____	House SF _____	FB _____ UFB _____
Garage _____	Estimated Construction Cost _____	Permit cost _____	
Date Reviewed _____	Reviewers Name _____		
Planning & Zoning Dept *** Office Use Only *** Planning & Zoning Dept			
Front Yard Setback _____	Side Yard Setback _____	Rear Setback _____	P/Spaces _____
Zoning Office Approval 			