

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:

Subdivision Name: _____

Site Address: _____

_____ Lot #: _____ Tax I.D. Parcel# _____

Office Use Only

PERMIT # _____

Application & Processing Fee: \$25.00 (Non-Refundable)
 Call for Permit P/U: Owner Contractor
 Mail Permit To: Owner Contractor

Amount Paid: _____ Receipt #: _____

Information on Building Construction:

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 inground above ground
- Garage, Attached
- Porch
- Garage, Detached
- Other (Please list) _____

- Tower
 - Church
 - 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 _____

Dimension # of stories _____

Total Square Footage _____

HVAC Mechanical

- Gas Fireplace
- Electric A/C
- Other _____

Basement

Finished Basement

Yes No Yes No

Estimated Const. Cost: _____

Water Supply

- Individual Well
- Central System/District Name: _____

Frame

- Wood Frame
- Structural Steel
- Other _____

Roof Material

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

Approval Letter from Dist. Rec'd.

Electric Service Information:

Amps _____ Utility Company _____ Premise # (AMEREN only) _____

Electrician's name and telephone #: _____
(if other than homeowner)

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 If yes, entrance permit obtained? Yes/No
(county and state maintained roads only)

Sewage Disposal System:

Central System/District Name _____ Approval Letter from Sewer District Received (required)

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 & phone #: _____

Homeowner as Sewage System Installer Signature: _____
****If homeowner is the on-site sewage disposal installer, an affidavit (available at the Building Department Office) must be signed by her/him at time of application and/or prior to permit being issued. Homeowners As Installer site meeting must be completed prior to permit being issued.*

X _____
Signature of applicant / agent Date of application

Building Department ***Office Use Only*** Building Department

Use Group _____ Type of Construction _____ Square footage _____ FB _____ UFB _____

Garage _____ Estimated Construction Cost _____ Permit Cost _____

Date Reviewed Reviewers Name

Planning & Zoning Dept ***Office Use Only*** Planning & Zoning