## 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		Office Use Only	
Property Owner		PERMIT #	_
Current MailingAddress:			
Phone #Cell #			
Work #Email		Application & Processing Fee: \$25.00 (Non-Refundable) Call for Permit P/U: □ Owner □ Contractor Mail Permit To: □ Owner □ Contractor	
Information on Building Site:			
Subdivision Name:		Amount Paid: Receipt #:	
Lot #: ENS# (If applical	ble)		
Tax I.D. Parcel #			
Information on Building Construction	on:		
Type of Improvement:	g 🗖 Addition	☐ Modification, Alteration, Repair, Remodel	
Structural Type - ✓ all that apply:			
(RESIDENTIAL)	(NON-RESIDENTI	ΓΙΑL)	
<ul> <li>□ Single Family Dwelling</li> <li>□ Deck</li> <li>□ Carport</li> <li>□ Storage Building</li> <li>□ Pool - □ in ground □ above groun</li> <li>□ Garage, Attached</li> <li>□ Porch</li> </ul>	☐ Tower☐ Church☐ Education Fac☐ COMMERCIAL☐ Use of building	-	
Garage, Detached	Han oans	struction started? Yes / No	
<ul> <li>Other (Please list)</li> <li>Structure Information:</li> <li>Foundation</li> <li>□ Slab</li> </ul>	# of bedrooms	HVAC Mechanical Gas Grieplace	
□ Post Holes □ Continuous Wall	# of bathrooms		
☐ Crawlspace	Dimension # of stories		
□ Other	Total Square Footage	<u>Water Supply</u> ☐ Individual Well	
Basement Finished Basement  ☐ Yes ☐ No ☐ Yes ☐ No	Estimated Const. Cost:	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 #			
<u>Driveways:</u> Will you be modifying an <i>existing</i> driveway? □ Yes □ No Will you be installing a <i>new</i> 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 #:			
Home Owner 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 Installers site meeting must be completed prior to permit being issued.			
<b>X</b>			
Signature of applicant / agent  Bullding Department ***Office Use Only*** Bullding Department			
Use Group Type of Construction Square footage FB UFB			
Garage Estimated Construction Cost Permit Cost			
Date Reviewed Reviewers Name			
Pianning & Zoning Dept ***Office Use Only*** Pianning & Zoning			