

# **Commercial Construction Permit Application**

Required for all Commercial project submittals

Building Development  
City of St. Joseph, Missouri

**Project Title:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Project Location / Address:** \_\_\_\_\_

**Parcel Number / ID:** \_\_\_\_\_

**Project Scope:** (New building, building addition, Tenant finish, Fire sprinkler, etc. )

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**Engineer/Designer/Architect** (responsible for construction document(s)):

Organization Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**Contractor Company Name:** (If known) \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: -

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1. Estimated total project value: \$ \_\_\_\_\_ a) Building including site work: \$ \_\_\_\_\_  
b) Mechanical: \$ \_\_\_\_\_ c) Electrical: \$ \_\_\_\_\_ d) Plumbing: \$ \_\_\_\_\_  
e) Fire Sprinkler: \$ \_\_\_\_\_ f) Fire Alarm: \$ \_\_\_\_\_
  2. Existing use of property or building: \_\_\_\_\_
  3. Use group per IBC: \_\_\_\_\_
  4. Current zoning classification: \_\_\_\_\_ Proposed zoning: \_\_\_\_\_
  5. Occupant load per IBC: \_\_\_\_\_ Construction type per IBC: \_\_\_\_\_
  6. Number of driveways: New \_\_\_\_\_ Existing \_\_\_\_\_ Total parking lot square feet: \_\_\_\_\_ (ft<sup>2</sup>)
  7. Total site area? \_\_\_\_\_ (ft<sup>2</sup>) Total disturbed area? \_\_\_\_\_ (ft<sup>2</sup>)
  8. Area of new structure or addition: \_\_\_\_\_ (ft<sup>2</sup>) Total area of building: \_\_\_\_\_ (ft<sup>2</sup>)
  9. Area of renovated or remodeled space \_\_\_\_\_ (ft<sup>2</sup>)
  10. Building number of stories \_\_\_\_\_ Dimensions of any retaining walls \_\_\_\_\_
  11. Fire Sprinklers: Existing modification? Yes \_\_\_ No \_\_\_ New System: Yes \_\_\_ No \_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_