

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.)

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

Organization Name: _____

Contact: _____ Phone Number: _____

Address: _____

Email Address: _____

Contractor Company Name: (If known) _____

Contact: _____ Phone Number: _____

Address: _____

Email: _____

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1. Estimated project value: \$ _____
 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: _____ (ft²)
 7. Total site area? _____ (ft²) Total disturbed area? _____ (ft²)
 8. Area of new structure or addition: _____ (ft²) Total area of building: _____ (ft²)
 9. Area of renovated or remodeled space _____ (ft²)
 10. Building number of stories _____ Dimensions of any retaining walls _____
 11. Fire Sprinklers: Existing modification? Yes ___ No ___ New System: Yes ___ No ___

Signature: _____ Title: _____ Date: _____