

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 work Scope (Details): _____

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

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

Name: _____ Phone #: _____

Address: _____

Email Address: _____

Contractor Name: (If known) _____ Phone#: _____

Address: _____

Email: _____

1. Estimated project value? \$ _____
2. Existing use of property or building? _____
3. Proposed use group? _____ Is this facility a categorical industry? Yes* ___ No ___
4. Existing zoning? _____ Proposed zoning? _____
5. Proposed Occupant Load _____ # Employees in largest shift? _____
6. Existing sidewalks on site? Yes ___ No ___ Proposed parking spaces? _____
7. Total site area? _____ (ft²) Total disturbed area? _____ (ft²)
8. Area of existing structure? _____ (ft²) Total area for new construction _____ (ft²)
9. Height of existing building? _____ (ft.) Height of proposed building? _____ (ft.)
10. Facility/Building material? _____
11. Food preparation or commercial kitchen? Yes ___ No ___
12. Will non-domestic (not sanitary) wastewater be discharged to the sewer? Yes* ___ No ___
13. Fire Sprinklers: Existing modification? _____ New System _____
14. Will any development occur within the 100-year floodplain? yes ___ no ___ If yes, which zone? _____

Signature: _____ Title: _____ Date: _____

*Additional information will be required by Water Protection to determine pre-treatment requirements for City issued Wastewater Contribution Permits

