



City of New Melle

Permit Number _____

Date of Application _____	Zoning District _____	Proposed Zoning _____	Telephone Number _____
Property Owner _____		Email Address _____	
Project Address _____			
<i>Number and Street</i>			
HOA _____			
<i>Subdivision Name</i>		<i>Lot Number</i>	
Type of Improvement	Proposed Use		
<i>State Statutes require a Missouri engineer's or architect's seal on all commercial or multi-family plans.</i> <input type="checkbox"/> New Residence <input type="checkbox"/> Room Addition <input type="checkbox"/> Garage (Attached/Detached) <input type="checkbox"/> Accessory Building <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Repair or Remodel <input type="checkbox"/> Attached Structure <input type="checkbox"/> Other: _____	Commercial	Water Supply	
	Grading (in square feet) _____ **If over 10,000 square feet, a grading permit is required. <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Two or more Family Dwelling Number of Units? ____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Public or Private Company <input type="checkbox"/> Well or Cistern	
		Sewage Disposal	
		<input type="checkbox"/> Septic Tank <input type="checkbox"/> Public or Private Company	
Number of Stories _____	Total floor area (in square feet) _____	Total land area (in square feet) _____	
Name/ License Number	Email Address/Daytime Telephone	Signature	
Architect or Engineer			
General Contractor and Builder			

Applicant shall submit two copies of all required drawings including but not limited to architectural elevations, architectural drawings, and a site plan. See the attached (Site Plan) checklist for requirements.

***All documentation and correspondence shall be directly with the City of New Melle via the email address and phone number above. ***

Date Fee Paid: _____	Amount Paid: \$75.00	Payment Method: _____
Date Permit Issued: _____	Approved By: _____	
Notes: _____		
DISCLAIMER AND SIGNATURE		

I hereby certify the Owner of record authorizes the proposed work and/or I have been authorized by the Owner to make this application as his/her authorized Agent and agree to conform to all applicable codes of the City of New Melle, Missouri and the County of St. Charles, Missouri.

Signature: _____

Date: _____

PLEASE CHECK WITH FIRE DISTRICT FOR PERMIT REQUIREMENT

City Approval
