



City of New Melle

145 Almeling Street,
PO Box 114
636-828-4807
www.cityofnewmelle.org

Residential Land Use Permit

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	
	Residential	Water Supply
<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:	Grading (in square feet) _____ **If over 10,000 square feet, a grading permit is required.	<input type="checkbox"/> Public or Private Company <input type="checkbox"/> Well or Cistern
	<input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Two or more Family Dwelling Number of Units? ____ <input type="checkbox"/> Other:	<b style="text-align:center;">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) _____
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Name/ License Number	Email Address/Daytime Telephone	Signature
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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 Site Plan Application for site plan 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: _____
 City Approval

PLEASE CHECK WITH FIRE DISTRICT FOR PERMIT REQUIREMENT