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| eStadt Melle New Melle

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|  **City of New Melle**  |  |  **Permit Application**  **Residential Upgrades** |

 | **145 Almeling Street,** **PO Box 114****636-828-4807 www.cityofnewmelle.org** | **Residential Land Use Permit****Permit Number**—–———————— |

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| --- | --- | --- | --- | --- |
| **Date of Application** |  | **Zoning District** |  | **Proposed Zoning Telephone Number**  |
| **Property Owner** | **Email Address** |
| **Project Address** |  |  |
|  | *Number and Street* |  |
| **HOA** |  |  |
|  | *Subdivision Name* | *Lot Number*  |
| **Type of Improvement** | **Proposed Use** |
| **Residential** | **Water Supply**  |
| *State Statutes require a Missouri engineer’s or architect’s seal on all commercial or multi-family plans.** New Residence
* Room Addition
* Garage (Attached/Detached)
* Accessory Building
* Swimming Pool
* Repair or Remodel
* Attached Structure
* Other:
 | Grading (in square feet) \_\_\_\_\_\_\_\_\_\_ \*\*If over 10,000 square feet, a grading permit is required. | * Public or Private Company
* Well or Cistern
 |
| * Single Family Dwelling
* Two or more Family Dwelling

Number of Units? \_\_\_* Other:
 | **Sewage Disposal*** Septic Tank
* 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 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: |  |
| **PLEASE CHECK WITH FIRE DISTRICT FOR PERMIT REQUIRMENT**  | **City Approval** |