



City of Shrewsbury
 5200 Shrewsbury Avenue, Shrewsbury, MO 63119
 Phone: 314-647-5795 Fax: 314-647-1811

Date: _____

Integrated Building Permit Application

Project Address: _____

Zoning District: _____ **Permit #** _____

Please Choose: Single Family Multi-Family Commercial Institutional
 New Primary Structure Addition Alteration Repair

Type of Permit: *Four (4) copies of drawings and site plan must accompany this application. Application must be completely filled out and signed in order to be reviewed. Please allow 5 business days for permits to be ready for pick-up.

Building * Fence* Sprinkler* Zoning
 Plumbing Sign* Other Flood Plain
 Mechanical Swimming Pool* Post Bond? Check # _____

Description of Work: _____
 _____ Sq. Ft: _____ Value of Work: \$ _____

Person Doing the Work: Property Owner Tenant Contractor Architect
 Other: _____

Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Applicant's Signature: _____ Contact Name: _____

Property Owner Information (If different from above):

Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

I understand that deed restrictions and subdivision indentures may exist on this property, which are not reviewed or enforced by the City of Shrewsbury. The City recommends the property owner review the deed, subdivision plat, and subdivision indentures, and other property title information before undertaking any construction.

*I hereby affirm the above statements are true and correct and agree to fully comply with the ordinances of Shrewsbury. A permit is **not effective until signed by Building, Mechanical, and Plumbing Contractor**. I hereby certify that the owner(s) of record authorizes the proposed work and I have been authorized by the owner(s) to make this application as their agent. Inspections must be requested 24 hours in advance.*

	Name	Phone	Lic. No.	Date	Signature (required)
General Cont / Homeowner			N/A		
Electrical	Obtain separate electrical permit from St. Louis County Department of Public Works				
Plumbing					
Mechanical			N/A		
Sprinkler			N/A		

Office Use Only

Building: Approved Denied by _____ date _____
 Mechanical: Approved Denied by _____ date _____
 Plumbing: Approved Denied by _____ date _____
 Fire: Approved Denied by _____ date _____

Permit Amount = TOTAL \$ _____	Required Inspections:

