



Multi-purpose/Land Use Permit Application

Instructions: Applicant must submit five (5) copies of Plot Plan and five (5) sets of Building Plans with this application. Upon approval plans must be submitted to the St. Charles County Building Dept. at 201 N. 2nd St. on 4th Floor in St. Charles, MO.

Permit Fee Structure:

Commercial \$350 ~ Residential \$250 ~ Accessory \$150 ~ Sign \$2.00/sq. ft.

FOR OFFICE USE ONLY

Application Date: _____ Date Issued: _____ Date Plan Filed: _____ Permit #: _____
 Zoning Categories: A-1, SF-3, SF-2, SF-1, SF-1/2, PR, GC, PC, PO, or L-I ~ APPROVAL STAMP ~
 Permitted Uses (Yes / No) Special Use – Accessory: Conditional Use:
 Set Backs – Front Yard: _____ Corner Lot Front Yard: _____ Side Yard: _____ Rear Yard: _____
 Minimum Dwelling Unit: Size _____ Sq. Ft. Footprint: _____ Sq. Ft.
 Is project located in a Floodplain (Yes / No) _____
 ARC Reviewed (Yes / No) _____ Date ARC Reviewed: _____
 Fee Amount Paid (Yes / No): \$ _____ Check #: _____ Receipt #: _____
 Notes: _____

Property Owner Information:

Owner: _____ Primary Contact: _____
 Property Address: _____
 Email: _____ Phone: _____

Applicant/Contractor Information (if the same as the Owner check here):

Company: _____ Contact: _____
 Address: _____
 Email: _____ Phone: _____

Property Details:

Current Land Use: Commercial Industrial Residential Current Zoning: _____
 Subdivision/Location: _____ Lot #: _____
 Lot Size (Gross Acreage/Square Footage): _____ Lot Width at Front Building Line: _____
 Property Line Distance - Front Yard: _____ Corner Lot Front Yard: _____ Side Yard: _____ Rear Yard: _____

Type of Work (Check All Applicable Items):

- | | |
|---|---|
| <input type="checkbox"/> New Residence
Master Plan No. _____
Total Square Ft. _____ Height _____
Footprint _____ (Sq. Ft.) | <input type="checkbox"/> Barn
<input type="checkbox"/> Detached Garage/Accessory Building
<input type="checkbox"/> Demolition
<input type="checkbox"/> Deck
<input type="checkbox"/> Porch
<input type="checkbox"/> Retaining Wall (Land Use Permit Required)
<input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Addition
<input type="checkbox"/> Pool (In-ground/Above Ground)
Master Plan No. _____ | |
| <input type="checkbox"/> Sign (Permanent/Temporary) Note: Wind Load Data Calculation required for signs greater than 6 sq. ft. | |

I hereby certify the Owner of record authorizes the proposed work and I have been authorized by the Owner to make this application as his/her authorized Agent, and we agree to conform to all applicable codes of the City of Weldon Spring.

Signature of Applicant

Print Name

Date