



8374 Midland Blvd  
Vinita Park MO 63114  
Phone #: 314-428-7373  
Fax #: 314-428-7379

Website: [www.vinitapark.org](http://www.vinitapark.org)

## Application for a Building Permit

Two (2) sets of plans are required for all structural work, addition, changes, and alterations.

**Applicant: Complete all information lines, below, except those marked "Office use only".**

Date of Application: \_\_\_\_\_  RESIDENTIAL  COMMERCIAL  INDUSTRIAL

Name of Owner \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Present Address of Owner\* \_\_\_\_\_

Present Address of City/State/Zip Code\* \_\_\_\_\_

\*other than address being demolished

Address/Location of proposed construction \_\_\_\_\_

**Proposed construction** (check one)  Deck/Porch  Steps  Driveway  Room Addition  Roof  Windows (more than 5)

Garage  Shed (120sq ft. or more)  Interior Finish  Drywall  Retaining Wall  Fence  Swimming Pool

Single Family Home (New construction)  Other \_\_\_\_\_

Size of proposed construction (in square footage/height/width, etc.) \_\_\_\_\_

Total estimated cost of construction project \$ \_\_\_\_\_

General Contractor \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Address (city/state/zip) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

EMAIL ADDRESS (please print legible) \_\_\_\_\_

Does this project have (check that apply)  Electric  Plumbing  Mechanical **If so, a permit is required.**

The undersigned applicant hereby agrees to comply with all applicable provisions of the City of Vinita Park, and with all other Laws, Codes, Rules, and Regulations applicable to the proposed construction.

NAME OF CONTACT PERSON (Please print) \_\_\_\_\_

SIGNATURE OF OWNER / AGENT \_\_\_\_\_

DAYTIME TELEPHONE NUMBER \_\_\_\_\_

FAX NUMBER (with area code) \_\_\_\_\_

EMAIL ADDRESS (please print legible) \_\_\_\_\_

The submitted demolition plans substantially comply with the City of Vinita Park, and the same are approved subject to compliance with these and any other applicable Laws, Codes, Rules, or Regulations.

### OFFICE USE ONLY

DATE: \_\_\_\_\_ PERMIT FEE \$ \_\_\_\_\_ PERMIT No. \_\_\_\_\_

Staff check the following as submitted with this application:

- Two (2) sets of plans
- MEP completed application

DATE \_\_\_\_\_

\_\_\_\_\_  
City Staff Approval – Signature