



# TOWN OF AUGUSTA, MISSOURI

## LAND USE PERMIT APPLICATION

Permit Number: \_\_\_\_\_

P.O. BOX 42, AUGUSTA, MO 63332 • PHONE: 636-228-4689

Date: \_\_\_\_\_ County Parcel ID Number: \_\_\_\_\_

Project Address: \_\_\_\_\_

Nearest Intersection: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Construction:     Residential     Commercial

Check Appropriate Box(s)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Deck                       | <input type="checkbox"/> Plumbing      | <input type="checkbox"/> Shed                       |
| <input type="checkbox"/> Demolition (type)<br>_____ | <input type="checkbox"/> Pole Barn     | <input type="checkbox"/> Other: (describe)<br>_____ |
|   | <input type="checkbox"/> Pool          |   |
| <input type="checkbox"/> Electrical                 | Master # _____                         |   |
| <input type="checkbox"/> Finished Basement          | <input type="checkbox"/> Porch         | _____   |
| <input type="checkbox"/> Garage                     | <input type="checkbox"/> Room Addition | _____   |
| <input type="checkbox"/> Interior Finish            | <input type="checkbox"/> Septic        | _____   |
| <input type="checkbox"/> Mechanical                 | <input type="checkbox"/> Sewer Lateral | _____   |

Total Square Feet: \_\_\_\_\_

Length: \_\_\_\_\_

Width: \_\_\_\_\_

Height: \_\_\_\_\_

Contractor Name/Number: \_\_\_\_\_

Phone: \_\_\_\_\_

*If same as owner so state.*

Submit one (1) copy of plans to the Augusta Zoning Commissioner. To include:

- Site Plan
- Footing and Foundation Plan
- Floor Plan for Each Level
- Elevations of All Sides
- Legal Description of Property
- Check in the Amount of \$50.00
- No Fee: IF Permit is to Repair, Replace or Maintain Property.

**This permit application expires in 90 days. If not picked up there will be a 25% processing fee applied.**

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent, we agree to conform to all applicable codes of this jurisdiction and we authorize the Zoning Commissioner or his appointed representative to inspect the property.

Signature of Applicant: \_\_\_\_\_

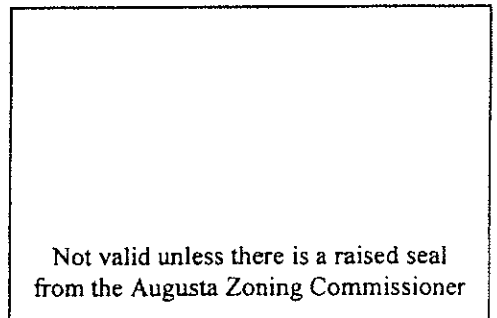
Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Copy To:

- Augusta Zoning Commission
- Augusta Town Board
- St. Charles County Building Department
- Property Owner



\_\_\_\_\_  
The Augusta Zoning Commissioner