



APPLICATION FOR LAND USE PERMIT

Town of Augusta
P.O. Box 42, Augusta, Missouri 63332
townofaugustamo@gmail.com

For Office Use Only		
Approved Denied	Permit No.	
	Zoning Commissioner Signature:	Date:

Parcel Information

Date:	County Parcel ID Number:
Project Address:	
Nearest Intersection:	
Subdivision:	Lot:

Applicant / Owner Information

Does the applicant own the property? yes no	If the applicant does not own the property, the attached verification must be completed, notarized, and returned with this application.
Applicant:	Property Owner:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
E – Mail:	E – Mail:

Detailed Project Information

Type of Construction:	Residential	Commercial
Check appropriate boxes below:		
Deck	Plumbing	Shed
Demolition	Pole Barn	Other: (describe)
Electrical	Pool	
Finished Basement	Porch	
Garage	Room Addition	
Interior Finish	Septic	
Mechanical (HVAC, etc.)	Sewer Lateral	
Total Square Feet:	Width:	Length:
		Height:
Contractor Name: <i>State if same as owner.</i>		Contractor Phone:



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Submit one copy of plans to the Augusta Zoning Commissioner at:
P.O. Box 42, Augusta, MO 63332.

Plans should include:

- o Site plan
- o Footing and foundation plan
- o Floor plan for each level
- o Elevation of all sides
- o Legal description of property
- o Notarized approval of property owner, if applicant is not the property owner.
- o Check in the amount of \$50. Fee is waived if permit is to repair, replace, or maintain property.

This permit application expires in 90 days.

I 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.

I understand I need to take the Land Use Permit to St. Charles County to obtain a proper Building Permit from St. Charles County before beginning the project.

Signature of Applicant

Date

Printed name

Not valid unless there is a raised seal
from the Augusta Zoning Commissioner

Copy to:

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

Augusta Zoning Commissioner



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VERIFICATION

Being first duly sworn, I state under oath that (1) I am or my business or organization is the owner of the real estate located at _____ in the Town of Augusta, Missouri; (2) I am over 18 years of age and competent to make this verification; (3) I have personal knowledge of the factual statements in the attached application; (4) those factual statements are true; and (5) I authorize and approve of the attached application.

Subscribed and sworn to before me, a notary public, on _____.

Property owner signature

Name of person signing this Verification, if property owner is a business or organization:

Role of person signing this Verification, if property owner is a business or organization:

Notary Public

My commission expires: _____