



APPLICATION FOR LAND DISTURBANCE PERMIT

Complete all sections on both pages except for the two sections marked "For Office Use".

Application Date _____

PROJECT INFORMATION & LOCATION:

| | | | |
|--|--|------------------------|----------------|
| Project Type: <input type="checkbox"/> Commercial, <input type="checkbox"/> Multifamily, <input type="checkbox"/> Residential | | Project Name: _____ | |
| Work Type: <input type="checkbox"/> Major Land Disturbance (≥ 1 Acre), <input type="checkbox"/> Ordinary Land Disturbance (< 1 Acre) | | | |
| Project Address _____ | | Unit/Suite/Floor _____ | Zip Code _____ |
| Locator/ Parcel No. _____ | Subdivision or Building/Center Name _____ | Lot No. _____ | |
| <input type="checkbox"/> Unincorporated County, or Municipality _____ | | Fire District _____ | |

WORK DESCRIPTION:

| |
|---|
| Brief description of land disturbance construction scope of work: |
|---|

OWNER/TENANT INFORMATION:

| | | | | | |
|---|----------------|-------|-----------|----------|-------|
| Property Owner _____ | | | | | |
| | Last Name | First | Telephone | Fax | Email |
| Owner's Address _____ | | | | | |
| | Street Address | City | State | Zip Code | |
| Tenant/Business Name _____ <input type="checkbox"/> Existing, <input type="checkbox"/> New* | | | | | |
| *If a New Tenant/Business indicate the Previous Tenant/Business Use _____ | | | | | |

ARCHITECT/ENGINEER INFORMATION:

| | | | |
|----------------------|-----------------|-----------|-------------|
| Name & Address _____ | Telephone _____ | Fax _____ | Email _____ |
|----------------------|-----------------|-----------|-------------|

PRIMARY CONTACT INFORMATION IF OTHER THAN APPLICANT:

| | | | |
|----------------------|-----------------|-----------|-------------|
| Name & Address _____ | Telephone _____ | Fax _____ | Email _____ |
|----------------------|-----------------|-----------|-------------|

APPLICANT CERTIFICATION & INFORMATION

I CERTIFY THAT I AM THE OWNER IN FEE OR AGENT AUTHORIZED TO APPLY FOR THIS PERMIT, THAT I HAVE AN AGREEMENT WITH THE OWNER/LESSEE TO PREFORM THIS WORK; AND THAT I AM AUTHORIZED TO AND DO CONSENT TO ENTRY ONTO THE PREMISES BY ST. LOUIS COUNTY EMPLOYEES FOR INSPECTION OF WORK PERFORMED UNDER THIS PERMT. THE SCOPE OF WORK INDICATED AND COST ESTIMATES ARE TRUE AND CORRECT.

IF A PARTIAL PERMIT IS BEING REQUESTED, I REQUEST AUTHORIZATION TO PROCEED WITH THE CONSTRUCTION INDICATED IN ORDER TO ALLOW CONSTRUCTION TO COMMENCE. I ACKNOWLEDGE THAT IF AUTHORIZATION IS GIVEN THAT I WILL BE PROCEEDING AT MY OWN RISK WITHOUT ASSURANCE THAT A PERMIT FOR THE ENTIRE WORK OR STRUCTURE WILL BE GRANTED. I AM RELEASING ALL LIABILITY, INDEMNIFYING AND HOLDING HARMLESS ST. LOUIS COUNTY, ITS OFFICERS, EMPLOYEES, AGENTS, AND ANY ASSIGNS FOR ANY EXPENSE, ERROR, OR OMISSION RESULTING IN SUCH ISSUANCE. SHOULD IT BE DETERMINED AT ANY TIME BY ST. LOUIS COUNTY THAT THE AUTHORIZED CONSTRUCTION NEEDS TO BE REMOVED, MOVED, CORRECTED, OR MODIFIED IN ANY FASHION, THAN SUCH REMOVAL OR CORRECTIVE WORK WILL BE AT OUR EXPENSE.

| | | | |
|--|---------|-------|--------------|
| Contractor Name & Address | Tel No. | Reg # | Signature |
| | Fax # | Date | Printed Name |
| | Email | | |
| Applicant Other Than Contractor <input type="checkbox"/> Owner, <input type="checkbox"/> Architect, <input type="checkbox"/> Engineer, <input type="checkbox"/> Tenant, <input type="checkbox"/> Other _____ | | | |
| Name & Address | Tel # | Reg # | Signature |
| | Fax # | Date | Printed Name |
| | Email | | |

PERMIT NO. _____

| TYPE OF WORK | TYPE OF STRUCTURE / DEVELOPMENT | | | | | |
|--|--|--|--|---|--|--|
| <input type="checkbox"/> Advanced-Rough Grading <input type="checkbox"/> Clearing and Grubbing <input type="checkbox"/> Grading <input type="checkbox"/> Site Improvement Work <input type="checkbox"/> Miscellaneous Work | <p style="text-align: center;">RESIDENTIAL</p> <input type="checkbox"/> Single-Family <input type="checkbox"/> Two-Family <input type="checkbox"/> Townhouse(s) Note: Two-Family and Townhouse type buildings must have independent dwelling units with individual entrances. No common areas. | <p style="text-align: center;">MULTI-FAMILY</p> <input type="checkbox"/> 3 or 4 Multi-Family <input type="checkbox"/> 5 or more Multi-Family Units/Building _____ Units/Permit _____ Note: Multi-Family buildings have common areas such as common entry stairs, corridors, hallways, breezeways, and/or common basement areas. | <p style="text-align: center;">COMMERCIAL</p> <p>ASSEMBLY</p> <input type="checkbox"/> Theatres <input type="checkbox"/> Restaurant <input type="checkbox"/> Night Club <input type="checkbox"/> Churches/Religious <input type="checkbox"/> Recreation Center <input type="checkbox"/> Exhibition Hall <input type="checkbox"/> Banquet Center <input type="checkbox"/> Taverns & Bars <p>BUSINESS</p> <input type="checkbox"/> Office/Bank/Professional <input type="checkbox"/> Carwash <input type="checkbox"/> Clinic <input type="checkbox"/> Fire Station <input type="checkbox"/> Doctor's Offices <input type="checkbox"/> Laboratories <p>EDUCATION</p> <input type="checkbox"/> Schools <input type="checkbox"/> Child Day Care <p>FACTORY/INDUSTRIAL</p> <input type="checkbox"/> Manufacturing Plant <input type="checkbox"/> Industrial Laboratories <input type="checkbox"/> Utilities <p>HIGH HAZARD</p> <input type="checkbox"/> Flam. & Comb. Liquids Storage or Manufacturer <input type="checkbox"/> Tire Storage (Bulk) <input type="checkbox"/> Other High-Hazard Storage or Manufacturer <p>INSTITUTIONAL</p> <input type="checkbox"/> Nursing Home <input type="checkbox"/> Day Nurseries <input type="checkbox"/> Hospitals <input type="checkbox"/> Jails <input type="checkbox"/> Residential Care and Assisted Living <p>MERCANTILE</p> <input type="checkbox"/> Retail/ Wholesale/Stores <input type="checkbox"/> Service Station <input type="checkbox"/> Markets <p>RESIDENTIAL</p> <input type="checkbox"/> Dormitories <input type="checkbox"/> Hotels/Motels <p>STORAGE</p> <input type="checkbox"/> Office/Warehouse <input type="checkbox"/> Lumber Yard <input type="checkbox"/> Repair Garage <input type="checkbox"/> Parking Garage | <p style="text-align: center;">NON-HABITABLE</p> <input type="checkbox"/> Antennas <input type="checkbox"/> Attached Garage <input type="checkbox"/> Barn <input type="checkbox"/> Carport <input type="checkbox"/> Detached Garage <input type="checkbox"/> Fence <input type="checkbox"/> Fireplace <input type="checkbox"/> Generators <input type="checkbox"/> Patio Cover <input type="checkbox"/> Patio/Deck/Porch <input type="checkbox"/> Pergola <input type="checkbox"/> Res. Greenhouse <input type="checkbox"/> Retaining Walls <input type="checkbox"/> Shed <input type="checkbox"/> Signs <input type="checkbox"/> Solar Panel/Array <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Tanks <input type="checkbox"/> Tower <input type="checkbox"/> Trash Enclosure <input type="checkbox"/> Other <input type="checkbox"/> Parking Lot | | |
| LAND DISTURBANCE | | | | | | |
| <p style="text-align: center;">Major Land Disturbance (≥ Acre)</p> Area of Disturbance _____ acre(s) Planned completion date: _____ Refer to the SWPPP and Engineering/Grading Plan for Scope of Work and BMP's MLD Special Inspector Name: _____ Phone #: _____ | | | | | | |
| <p style="text-align: center;">Ordinary Land Disturbance (< Acre or 43,560 Square Feet)</p> Area of Disturb. <u>0.</u> acre, or _____sf Planned completion date: _____ Type of Disturbance (check all that apply): Sediment/Erosion Control Measures: | | | | | | |
| <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> Clearing/Grubbing <input type="checkbox"/> Cutting <input type="checkbox"/> Filling <input type="checkbox"/> Grading <input type="checkbox"/> Other _____ </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Silt fencing <input type="checkbox"/> Sediment traps / basins <input type="checkbox"/> Erosion control blankets <input type="checkbox"/> Ditch check <input type="checkbox"/> Other _____ </td> </tr> </table> <p>Land Disturbance Information:</p> Cut: _____ cubic yards _____ feet (maximum depth) Fill: _____ cubic yards _____ feet (maximum depth) Fill material from: <input type="checkbox"/> On-site cut, <input type="checkbox"/> Another site located at _____ Minimum distance of land disturbance to nearest property line: _____ feet Minimum distance of land disturbance to nearest structure/building: _____ feet Slope of finished grading will be <u>less than</u> 3 horizontal to 1 vertical: <input type="checkbox"/> Yes, <input type="checkbox"/> No Existing site drainage: <input type="checkbox"/> Will remain the same, <input type="checkbox"/> Will be modified Equipment/Truck access to site: <input type="checkbox"/> Existing driveway, <input type="checkbox"/> Modified driveway*, <input type="checkbox"/> New temporary entrance* *Note -- Separate H&T Special Use Permit is required ***** | | | | | <input type="checkbox"/> Clearing/Grubbing <input type="checkbox"/> Cutting <input type="checkbox"/> Filling <input type="checkbox"/> Grading <input type="checkbox"/> Other _____ | <input type="checkbox"/> Silt fencing <input type="checkbox"/> Sediment traps / basins <input type="checkbox"/> Erosion control blankets <input type="checkbox"/> Ditch check <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Clearing/Grubbing <input type="checkbox"/> Cutting <input type="checkbox"/> Filling <input type="checkbox"/> Grading <input type="checkbox"/> Other _____ | <input type="checkbox"/> Silt fencing <input type="checkbox"/> Sediment traps / basins <input type="checkbox"/> Erosion control blankets <input type="checkbox"/> Ditch check <input type="checkbox"/> Other _____ | | | | | |
| For existing developed sites indicate method of sewage disposal: <input type="checkbox"/> Sewer, <input type="checkbox"/> Septic Comments/Information: _____ Other Permit References _____ Estimated Cost of Land Disturbance Construction Work: \$ _____ | | | | | | |
| <p>FOR OFFICE USE</p> <input type="checkbox"/> Record Check _____ <input type="checkbox"/> Violation Check _____ <input type="checkbox"/> Transient Employer Documents <input type="checkbox"/> Notified _____ Date _____ <input type="checkbox"/> #OP _____ <input type="checkbox"/> PA <input type="checkbox"/> Flat <input type="checkbox"/> Closet | | | | Date Issued ____/____/____ Issued By _____ <p>APPROVALS & DATE</p> Est. Cost _____ Zoning Rev. _____ PW Plan Rev. _____ T Plan Rev. _____ Box No. _____ <input type="checkbox"/> Folder | | |
| PAC No. _____ MSD P# _____ Permit No. _____ | | | | <p>FOR OFFICE USE</p> Zoning Dist. _____ <input type="checkbox"/> Gov't / Public Owned <p>PW PERMIT FEES</p> Processing _____ Land Dist _____ Inspection _____ _____ Penalty _____ PW Total _____ <p>T PERMIT FEES</p> <input type="checkbox"/> ARS <input type="checkbox"/> CRS/General Review _____ Inspection _____ T Total _____ ***** Total Fees _____ Filing Fee Pd _____ Balance Due _____ Fees Paid _____ | | |