



Multi-purpose/Land Use Permit Application

Instructions: Applicant must submit four (4)* copies of Plot Plan and four (4)* sets of Building Plans along with one PDF set of all plan sheets by email with this application. Upon approval plans must be submitted to the St. Charles County Building & Code Enforcement Division at 201 N. 2nd St. Suite 410, St. Charles, MO.

***Three (3) additional sets of plans needed if application must go before Architectural Review Commission**

Permit Fee Structure:

Commercial Buildings \$350 ~ Residential New House(s)/Units \$250 ~
Accessory Buildings/Structures \$150 ~ Sign \$2.00/sq. ft.

FOR OFFICE USE ONLY

Application Date: _____ Date Issued: _____ Permit #: _____
Zoning Categories: AG, RS-3, RS-2, RS-1, RS-1/2 PR, GC, PC, HTO, SP or LI ~ APPROVAL STAMP ~
Permitted Uses (Yes / No) Special Use – Accessory: ☐ Conditional Use: ☐
Set Backs – Front Yard: _____ ft Corner Lot Front Yard: _____ ft Side Yard: _____ ft Rear Yard: _____ ft
Minimum Dwelling Unit: Size _____ Sq. Ft. Footprint: _____ Sq. Ft.
Is project located in a 100 year/500 year Floodplain (Yes / No)
ARC Reviewed (Yes / No) Date ARC Reviewed: _____
Fee Amount Paid (Yes / No): \$ _____ Check/Conf.#: _____ 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/Parcel ID _____ Lot /Parcel#: _____

Lot Size (Gross Acreage/Square Footage): _____ Lot Width at Front Building Line: _____

Disturbance Size: _____ (Acre(s))

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

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