



DEPARTMENT OF PUBLIC SERVICES

One Detjen Drive | Crestwood, MO 63126 | 314-729-4720

ADDENDUM to Commercial Zoning Review Permit Application

Application Date: _____ Original Commercial Zoning Review Permit # _____

WORK SITE ADDRESS: _____

Property Owner Name: _____

Address: _____

Phone: _____ Email: _____

Architect/Engineer Name: _____

Address: _____ Phone: _____

Contractor Name: _____

Address: _____

Contact Name: _____ Phone: _____ Email: _____

Estimated Construction Cost: _____ Work Site: Interior ___ Exterior ___ Both ___

Description of work to be done: _____

- Plans may be subject to the approval of St. Louis County Department of Public Works.
Development may be subject to Commercial Occupancy Permit Requirements.
Any building permit under which no construction work has been commenced within six (6) months after the date of issuance of the permit or under which proposed construction has not been completed within two (2) years of the time of issuance shall expire by limitation.
A Dumpster/Demolition & Construction Waste Container, Storage Container, and Temporary Portable Restroom all require a permit if being stored on-site. If on site for seven (7) days or less, there is no permit fee. If on site for eight (8) days or longer, there is a \$55 permit fee. These permits will be granted for a period not to exceed thirty (30) days. (SEE DUMPSTER/DEMOLITION & CONSTRUCTION WASTE CONTAINER, STORAGE CONTAINER OR TEMPORARY PORTABLE RESTROOM PERMIT APPLICATION).

Property Owner or Authorized Agent Signature: _____ Date: _____

OFFICE USE ONLY

Approval Date: _____ Approved By: _____ Title: _____

Zoning Section

Municipal Zoning District: _____

Project Located in Flood Plain: Yes ___ No ___

Structural & Exterior Fire Protection

Use Group Classification: _____

Fire District: Crestwood ___ Affton ___

Approved By: _____ Date: _____

Inspection Necessary: Yes ___ No ___

Comments: _____

Payment Section

Date Paid: _____ Payment Amount: _____

Payment: Cash ___ Check # ___ Receipt # ___

Received By: _____

Variance needed: Yes ___ No ___

Contractor's Business License: _____