

City of Cool Valley

100 Signal Hill Drive
Cool Valley, MO 63121
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www.cityofcoolvalley.org

GENERAL BUILDING PERMIT APPLICATION

DATE: _____

PROPERTY ADDRESS: _____

PROPERTY OWNER NAME: _____ OWNER #: _____

PROPERTY OWNER ADDRESS: _____

NO PO BOXES

CONTRACTOR NAME: _____ PHONE#: _____

COMPANY NAME: _____ BUSINESS #: _____

COMPANY ADDRESS: _____

NO PO BOXES

TYPE OF WORK BEING PERFORMED: _____

DESCRIPTION OF WORK BEING PERFORMED: _____

DATE WORK TO BEGIN: _____ COMPLETION DATE: _____

MATERIAL COST \$ _____ TOTAL COST OF PROJECT \$ _____

TWO SETS OF DRAWINGS AND MATERIAL LIST REQUIRED

INCOMPLETE APPLICATIONS WILL NOT GET PROCESSED

SIGNATURE/DATE

DATE RECEIVED _____

PERMIT FEE \$ _____

PERMIT # _____

OFFICE USE ONLY