

CITY OF NEW MELLE
PO BOX 114
NEW MELLE, MO 63365

RESIDENTIAL LAND USE PERMIT

Property Owner Information

Full Name: _____ Date: _____
Last First M.I.
Address: _____
Street Address Apartment/Unit #
Phone: _____
City State ZIP Code
Cell: _____ Home: _____ Email: _____

Applicant/Contractor Information

If same as Owner, check here:
Name: _____ Company: _____
Address: _____
Phone: _____ Email: _____

Property Details

Subdivision/ Location: _____ Current Zoning: _____
Address/Lot : _____ Proposed Zoning: _____
Property/Lot Size: _____
Property Set Backs: _____ Front _____ Rear _____ Side _____

Type of Work (Check All Applicable Items):

- | | |
|---|---|
| <input type="checkbox"/> New Residence _____ S.F. | <input type="checkbox"/> Grading _____ S.F. |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Sign (Permanent/Temporary) | <input type="checkbox"/> Porch |
| <input type="checkbox"/> Detached Garage/Accessory Building | <input type="checkbox"/> Other: |

FOR OFFICE USE ONLY

Date Fee Paid: _____ Amount: \$ _____ Check No. _____
Application Date: _____ Permitted Use Approved: _____ Yes _____ No
Floodplain: _____ Yes _____ No Approved By: _____
Date Permit Issued: _____ Permit No. _____
Notes: _____

Disclaimer and Signature

I hereby certify the Owner of record authorizes the proposed work and/or I have been authorized by the Owner to make this application as his/her authorized Agent and agree to conform to all applicable codes of the City of New Melle, Missouri and the County of St. Charles, Missouri.

Signature: _____ Date: _____