



**CITY OF CALVERTON PARK
BUILDING COMMISSIONER**

52 YOUNG DR.
CALVERTON PARK, MO 63135
(314) 524-1212 Fax (314) 524-2012

<input type="checkbox"/> APPROVED
<input type="checkbox"/> REJECTED

APPLICATION FOR DRIVEWAY PERMIT
Fee \$ 75.00

PROPERTY ADDRESS			
Street Number and Name			Zip Code
PROPERTY OR COMPANY OWNER INFORMATION			
First and Last Name - Please Print	Date of Birth	Drivers License Number	DL State
Mailing Address – Street Name		City/ State	Zip Code
Email Address	Primary Phone Number	Secondary Phone Number	
AUTHORIZED REPRESENTATIVE OR CONTRACTOR			
Agent Name – Please Print			Date of Birth
Mailing Address – Street Name		City/ State	Zip Code
Email Address	Primary Phone Number	Secondary Phone Number	

Authorized representative has the authority to execute this document on behalf of the owner.

X _____ / _____
Signature Date

FOR OFFICE USE ONLY			
INSPECTIONS	INSPECTOR	DATE	STATUS
INITIAL INSPECTION			
2 nd INSPECTION, if needed			
FINAL INSPECTION			
COMMUNITY DEVELOP			
LETTERS REQUIRED	Water <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Sewer <input type="checkbox"/> Fire Protection <input type="checkbox"/>		
			SQAURE Ft.: _____ <input type="checkbox"/>
CLERICAL			
INITIAL INSPECTION	FEE \$	RECEIPT #	DATE:
2 ND RE-INSPECTION	FEE \$	RECEIPT #	DATE:
3 RD RE-INSPECTION	FEE \$	RECEIPT #	DATE:
EXTENSION APPROVED BY:			DATE:
EXTENSION APPROVAL FEE \$		RECEIPT #	DATE:
WARD			
INSPECTOR:	CLERK:	EXPIRATION DATE:	

