

CITY OF ST. ROBERT

M I S S O U R I



Date: 5 March 2009

MEMORANDUM FOR RECORD

Re: Commercial Occupancy Inspections

Commercial Occupancy Inspections are required for any and all businesses that may have a change that includes:

- Business
- Tenant
- Type of Use
- Commercial New Construction

When applying for a Commercial Occupancy Inspection, please abide by the following procedures:

- Initial & Final Commercial Occupancy Inspection Request must be submitted with \$35 fee (non-residential change in use, tenant or occupancy) to the Planning and Development Department for approval. (2 to 4 business days for approval approx.)
- The utilities are the responsibility of the Property Owner, and must be on for the inspection(s).
- Once application is approved by all required departments, and all utilities are on, the inspection can be scheduled.
- The Building Department will be scheduled for an appropriate time at your convenience with the Permit Clerk.(re-inspections included) *Please keep in mind Emergency situations do occur, please be patient.*
- If there is a building permit required for repairs, upgrades, or alterations to the area inspected, please visit the Building Department for assistance with Permit Applications. Once the permit is *issued* to the proposed tenant, utilities can be transferred upon completion of proper paperwork in Utility Billing to the tenant's name.
- In the event that the occupant, tenant, property owner, or keyholder does not appear for the scheduled inspection, a \$10.00 administrative fee shall be paid to the Planning and Development Department Clerk prior to re-scheduling of the inspection.
- After the Final Occupancy inspection is clear of all deficiencies, and processing is complete, the new occupant will receive a phone call after all Departments have completed their paperwork to inform they are able to apply for a Business License and/or Utilities in main City Hall office area.

For questions please call the following numbers.

(573) 451-2000

City Collector: ext 1100

Permit Clerk: ext 1120

Utility Billing Clerk: ext 1104

Lyle D. Thomas
City of St. Robert
Public Works Director

INITIAL & FINAL COMMERCIAL OCCUPANCY INSPECTION REQUEST

911 Address:	Property Owner:
Business Name:	Tenant Name:
Describe Business Services Provided: _____	

Building Code Occupancy Use Group:	CHANGE OF:
<input type="checkbox"/> Assembly (church, theater, restaurant, etc.)	<input type="checkbox"/> Business
<input type="checkbox"/> Business (bank, clinic, office, barber, etc.)	<input type="checkbox"/> Tenant
<input type="checkbox"/> Educational (school, child care, etc.)	<input type="checkbox"/> Type of Use
<input type="checkbox"/> Factory-Industrial (manufacturing, assembly)	<input type="checkbox"/> Comm. New Const.
<input type="checkbox"/> Hazardous (cleaners, grainery, etc.)	
<input type="checkbox"/> Institutional (hospital, nursing home, etc.)	
<input type="checkbox"/> Mercantile (drug store, retail, etc.)	
<input type="checkbox"/> Residential (hotel, motel, inn, etc.)	

Gross Floor Area of Building (if restaurant, barber, or other service consult permit clerk for information required):

Total Sq Ft	Public Usage Sq Ft
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Total Number of Parking Spaces Reserved for this Business/Use: _____ Spaces

Number of Employees Working Per Shift: _____

Change Utilities to Tenant's Name? Yes No

Name of Applicant: _____

Applicant Address: _____

Applicant City:	State:	Zip:	Phone: ()
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E-Mail Address:	Cell Phone:
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I certify that neither I, nor anyone who acts as my representative or agent, shall authorize or allow any person or persons to occupy the building identified in this application for any reason without approval of the St. Robert Building Department. I understand that unauthorized occupancies are unlawful. I also understand no inspection can be scheduled without original signatures of property owner and applicant and all utilities and utility fees required for the Initial Occupancy Inspection is the responsibility of the property owner. Upon issuance of a building permit to the occupant, permanent utilities may be transferred into occupant's name and will be responsible for all incurred charges.

Property Owner Signature:	Date:
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Applicant Signature:	Date:
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FOR OFFICIAL USE ONLY

Zoning Department:	Sign Permit Required: Yes / No / N/A	
	Conditional Use Permit Approved: Yes / No / N/A	
	Zoning District:	

Remarks: _____

Cleared Zoning Signature:	Date:
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The below signature indicates required infrastructure improvements are complete in accordance with the approved plans.

Remarks: _____

Director of Public Works Signature:	Date:
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Building Department:	<input type="checkbox"/> Final Occupancy Approved	<input type="checkbox"/> Require Building Permit
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Building Inspector Signature:	Date:
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Remarks:	Occupancy Load: Occupancy ID#:
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<input type="checkbox"/> OK for Transfer of Utilities	<input type="checkbox"/> OK for Business License	\$35 Fee Paid:
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Utility Billing Signature:	Date Utility Service Established:
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City Collector Signature:	Date Business License Issued:
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Permit Clerk Signature:	Date Permits Closed:
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CITY OF ST. ROBERT SIGN APPLICATION

PART I: APPLICANT INFORMATION

Applicant Name: _____ Status (circle one): Owner Tenant Contractor

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Business Name: _____ Business Owner: _____

Business Address: _____ Business Phone: _____

I hereby certify that I am authorized to represent the business identified above in this application and I understand all regulatory and application requirements that must be met. I further understand that any failure to comply with the regulatory code requirements of the City of St. Robert will cause a stop work notice to be issued until compliance is achieved. I understand that no signage may be erected for the business/owner identified in this application without the prior review and approval of the City of St. Robert of the application and supporting documentation required by Ordinance.

Applicant Signature: _____ Date: _____

PART II: GENERAL SIGN SPECIFICATIONS

Type of sign permit being applied for (Select each type of sign being applied for and submit all supporting information specified):

- Façade Sign: (Graphic illustrations required) *Fee: \$60.00 per wall*
Gross Wall Area Calculations: Wall Length x 4.0 Square Feet = Gross Wall Area

- | | |
|-----------------------------|------------------------------|
| ➤ Wall #1 Length = _____ ft | Gross Wall Area = _____ sqft |
| ➤ Sign Height(s) = _____ ft | Sign Length(s) = _____ ft |
| ➤ Wall #2 Length = _____ ft | Gross Wall Area = _____ sqft |
| ➤ Sign Height(s) = _____ ft | Sign Length(s) = _____ ft |
| ➤ Wall #3 Length = _____ ft | Gross Wall Area = _____ sqft |
| ➤ Sign Height(s) = _____ ft | Sign Length(s) = _____ ft |
| ➤ Wall #4 Length = _____ ft | Gross Wall Area = _____ sqft |
| ➤ Sign Height(s) = _____ ft | Sign Length(s) = _____ ft |

- Freestanding Sign: (Structural drawings and illustrations required) *Fee: \$125.00 per structure*
Gross Sign Area Calculations
Collector Street Frontage: (Property Frontage Length x 1.0 Square Feet) + 50 Square Feet = Gross Sign Area
Arterial Street Frontage: (Property Frontage Length x 2.0 Square Feet) + 100 Square Feet = Gross Sign Area

- Sign Height = _____ ft Sign Width = _____ ft Gross Sign Area = _____ sqft
- Total Gross Height of Sign = _____ ft Setback Distance to Sign = _____ ft

Note: Maximum freestanding sign height shall not exceed 80 feet and the maximum gross sign area shall not exceed 350 square feet. Sign structures shall be "setback" horizontally from property lines, public right-of-ways, sidewalks and all easements a minimum distance of five (5') feet.

Note to Applicant: Incomplete applications will be rejected and returned to the applicant. All applications must be submitted to the City of St. Robert Building Permit Clerk for processing. (*Application fees are non-refundable)

CITY OF ST. ROBERT TEMPORARY SIGN APPLICATION

PART I: APPLICANT INFORMATION

Applicant Name: _____ Status (circle one): Owner Tenant Promoter
Address: _____ City: _____
State: _____ Zip Code: _____ Phone Number: _____

Applicant Type (circle one): Business Event Charity Event Holiday/Festival Event Trade Show
Describe promotion or event for which signage is being used: _____
Address location of promotion or event: _____
Start date of promotion or event: _____ End date of promotion or event: _____

I hereby certify that I am authorized to represent the business, charity or organization identified in this application and I understand that no temporary signs may be erected within a public-right-of-way, or attached to a utility pole or traffic control device. I further understand that any failure on my/our part to comply with the requirements for which this application has been approved will be cause for the revocation of the permit and immediate removal of all temporary signage. I understand that no temporary signage may be erected without the prior review and approval of the application by the City of St. Robert.

Applicant Signature: _____ Date: _____

NOTE TO APPLICANT: Temporary signs cannot be used for more than 30 consecutive days in duration, and no more than four (4) instances of use during the calendar year. A new application cannot be applied for within 60 days of the previous temporary sign permit that was approved by the City.

PART II: GENERAL SIGN SPECIFICATIONS

1. Type of temporary sign (select one):

- Portable Sign: Length = _____ feet Height = _____ feet Quantity: _____
- Banner Sign: Length = _____ feet Height = _____ feet Quantity: _____
- Inflatable Sign: Length = _____ feet Height = _____ feet Quantity: _____
- Changeable Copy: Length = _____ feet Height = _____ feet Quantity: _____

2. Answer each of the following questions by circling your response to each question:

- | | | |
|---|-----|----|
| (a) Will the temporary sign(s) be illuminated during low-light hours? | YES | NO |
| (b) Will you have permission to erect signs on adjacent property if needed? | YES | NO |
| (c) Have you or a representative filed for a permit at anytime this year? | YES | NO |
| (d) Have you ever had a permit revoked for non-compliance issues? | YES | NO |

PERMIT CLERK USE ONLY

Filing Date: _____ Time: _____ Application # _____ of 4 ID # _____

Approved By: _____ Disapproved By: _____

Zoning District: Commercial Industrial Mixed-Use Public

Note to Applicant: Incomplete applications will be rejected and returned to the applicant. All applications must be submitted to the City of St. Robert Building Permit Clerk for processing.