

CITY OF ST. ROBERT LAND USE PERMIT APPLICATION

PART I: APPLICANT INFORMATION

Owner(s) (print) _____	Date _____	Project Engineer (print) _____	Date _____
Address _____		Address _____	
Business Phone _____	Cell Phone _____	Business Phone _____	Cell Phone _____
Agent/Applicant (print) _____	Date _____	Project Architect (print) _____	Date _____
Address _____		Address _____	
Business Phone _____	Cell Phone _____	Business Phone _____	Cell Phone _____

We/I the undersigned hereby make application to the City of St. Robert for approval of this land use permit application for the proposed project to be known as _____ which is located within the corporate city limits of the City of St. Robert, Missouri. The undersigned agrees that all proposed development activities including; land disturbance, flood protection, stormwater and erosion control and infrastructure improvement shall be in accordance with the requirements set forth in the Land Development and Infrastructure Development Regulations of the City of St. Robert and with all other applicable city ordinances, federal programs, and the laws and regulations of the State of Missouri.

Owner(s) Signature: _____ Date: _____
Applicant Signature: _____ Date: _____

Note to Applicant: Incomplete applications will be rejected and returned to the applicant for completion. (*Application fees are non-refundable)

PART II: SITE DATA

Location: _____ 1/4 of the _____ 1/4; Section _____; Township _____; Range _____
Owner(s) of Record: _____ Book & Page Number: _____
Tax parcel ID number: _____ Date property Acquired: _____
Gross Parcel Area: _____ Acre(s) Current Zoning Classification: _____
Property Located within a Designated Floodplain? (YES) (NO) Property Located within a Designated Floodway? (YES) (NO)
FIRM Panel Number: _____ FIRM Map Date: _____ Flood Zone: _____

PART II: PERMITTED USE SUMMARY

- A. Specify the proposed land use(s): _____.
- B. Specify the type of permit being sought by the applicant. (circle one) (Zoning Permit) (Conditional Use Permit)
- C. List the gross area of the site **before** proposed development activities commence. _____ Acres.
- D. List the net area of the site **after** proposed development activities are complete. _____ Acres.
- E. List the gross design floor area(s). _____ Square feet. List the design building height. _____ Feet.
- F. List the gross parking area. _____ Square feet. List the total number of parking spaces. _____
- G. List the building setback distances: Front yard _____ feet, Side yard _____ feet, Rear yard _____ feet.
- H. What is the anticipated "Average Daily Traffic Volume" projected for this development? _____ ADTV
- I. Will any "Cross-Access Agreements" between adjoining property owners be required? (circle one) (YES) (NO)
- J. Does the current zoning classification support the proposed subdivision? (circle one) (YES) (NO)
- K. Has a change of rezoning district been approved for this proposed land use? (circle one) (YES) (NO)
- L. If yes, when was the change of zoning district approved? _____ Ordinance number? _____
- M. Have any variances been granted for this proposed development? (circle one) (YES) (NO)
- N. If yes, when was the variance granted? _____ Purpose of variance? _____

CITY OF ST. ROBERT LAND USE PERMIT APPLICATION

REVIEW & APPROVAL PROCESS

A. ZONING PERMIT (10 days): (Chapter 404, Chapter 406)

Step 1: Conduct pre-development meeting.

Step 2: Land Use Administrator Review and Approval:

- Submit completed zoning permit application with:
 - (a) Filing fee, and
 - (b) A written narrative describing the proposed development, and
 - (c) Two (2) signed 24" x 36" paper copies of the design site plans prepared by a registered engineer, and
 - (d) One (1) copy of the project SWPPP and MODNR issued Land Disturbance Permit, and
 - (e) One (1) copy of additional project documents as deemed necessary for the site, and
 - (f) Electronic files and shape file data referenced to NAD83, Missouri Central State-plane coordinate system.
- The Land Use Administrator will review and approve the zoning permit if the proposed development is in compliance with all regulatory guidelines of the City of St. Robert.

B. CONDITIONAL USE PERMIT (30 days): (Chapter 404, Chapter 406)

Step 1: Conduct pre-development meeting.

Step 2: Land Use Administrator Review:

- Submit completed zoning permit application with:
 - (a) Filing fee, and
 - (b) Listing of all adjacent/adjoining property owners within 180-feet of the proposed development site, and
 - (c) A written narrative describing the proposed development, and
 - (d) Copies of all project plans and supporting documents as deemed necessary for the site, and
 - (e) Electronic files and shape file data referenced to NAD83, Missouri Central State-plane coordinate system.
- The Land Use Administrator will review the proposed conditional use application for compliance and prepare a staff review of the proposed use. If the proposed conditional use is in compliance with all regulatory guidelines of the City of St. Robert the application will be scheduled for consideration by the Planning and Zoning Commission and all adjacent property owners will be notified of the public hearing date.

Step 3: Planning and Zoning Commission Consideration.

- The Commission will conduct an "Open Public Hearing" on the applicants request and hear any public comment on the proposed conditional use.
- The Commission will hear commentary from the applicant or the designated representative of the applicant.
- The Commission will make findings and a recommendation on the application to the City Council as follows:
 - (a) Recommend approval without any additional reasonable conditional requirements being required, or
 - (b) Recommend approval with additional reasonable conditional requirements being specified, or
 - (c) Recommend disapproval, or
 - (d) Table the application for further information or review.
- The Land Use Administrator will generate a report on the Commission's findings and recommendation(s) for forwarding to the City Council.

Step 4: City Council Decision.

- The Council will hear commentary from the general public and the applicant or the designated representative of the applicant.
- The Council will make a final decision on the Commission's report by:
 - (a) Accepting the findings and recommendation of the Planning & Zoning Commission, or
 - (b) Overriding and amending the recommendation of the Commission by 2/3 vote, or
 - (c) Table the application for further information or review.

NOTE: A Certificate Of Occupancy" shall **not** be issued, nor will any building or structure be legally occupied until all development requirements set forth in the St. Robert Land Development Regulations are complied with as part of the approval of this application.

PRE-DEVELOPMENT MEETINGS: Pre-development meetings are designed to provide applicants the opportunity to gain a better understanding of regulatory requirements that may influence the design/construction of a proposed project by asking questions about applicable City codes, required permits, hearings and notices, and estimated processing timelines, and obtaining preliminary feedback from City staff about development proposals or concepts. This feedback early in the development planning process can help applicants avoid major plan revisions that are cumbersome to change after an actual application submittal. Applicants should keep in mind that, due to the preliminary nature of information discussed during pre-application conferences, information obtained is subject to subsequent changes in the Comprehensive Plan, City code or other applicable regulations. In order to get the desired results from a pre-construction meeting, meetings must be scheduled at least 5 working days in advance of the submittal of any zoning, subdivision or building permit application, and the following information must be faxed to the Building & Land Use Department Permit Clerk (573-451-2013) prior to scheduling. After receipt of this information, the Permit Clerk will call to schedule the pre-construction meeting:

Site address: _____

Proposed development description: _____

Applicant/Primary Contact:

Name: _____

Company: _____

Mailing Address: _____

Phone1: _____

Phone2: _____

Fax: _____

E-mail: _____

Current Land Use: _____

Proposed Use: _____

Is the proposed use permitted under the current zoning district? Yes _____ No _____

Will the development require the construction of new streets, water and sanitary sewer? Yes _____ No _____

Nature of Proposed Development/Construction Activity: (check all that apply)

- Residential Subdivision (circle one) Minor S/D Major S/D
- Commercial Subdivision (circle one) Minor S/D Major S/D
- Civil Improvements: Streets _____ Water _____ Sanitary Sewer _____ Drainage/Erosion _____
- Rezoning: Residential _____ Mixed-Use _____ Commercial _____ Industrial _____
- Conditional Use
- Permitted Use (zoning permit)
- Variance
- Building Permit (**multiple-family units, mixed-use, commercial and industrial related projects only**)
- Demolition of Existing Building Only
- Other _____



FLOODPLAIN DEVELOPMENT PERMIT/APPLICATION

Application No. _____ Date: _____

TO THE ADMINISTRATOR: The undersigned hereby makes application for a permit to develop in a floodplain. The work to be performed, including flood protection works, is as described below and in attachments hereto. The undersigned agrees that all such work shall be in accordance with the requirements of the Floodplain Management Ordinance and with all other applicable county/city ordinances, federal programs, and the laws and regulations of the State of Missouri.

Owner or Agent _____ Date _____ Builder _____ Date _____
Address _____ Address _____
Phone _____ Phone _____

SITE DATA

- 1. Location: _____ 1/4; _____ 1/4; Section _____; Township _____; Range _____
Street Address _____
2. Type of Development: Filling _____ Grading _____ Excavation _____ Minimum Improvement _____
Routine Maintenance _____ Substantial Improvement _____ New Construction _____ Other _____
3. Description of Development: _____
4. Premises: Structure Size _____ ft. By _____ ft. Area of Site _____ Sq Ft
Principal Use _____ Accessory Uses (storage, parking, etc.) _____
5. Value of Improvement (fair market) \$ _____ Pre-Improvement/Assessed Value of Structure \$ _____
6. Property Located in a Designated FLOODWAY? Yes _____ No _____

IF ANSWERED YES, CERTIFICATION MUST BE PROVIDED PRIOR TO THE ISSUANCE OF A PERMIT TO DEVELOP, THAT THE PROPOSED DEVELOPMENT WILL RESULT IN NO INCREASE IN THE BASE (100-YEAR) FLOOD ELEVATIONS.

- 7. Property Located in a Designated Floodplain FRINGE? Yes _____ No _____
8. Elevation of the 100-Year Flood (ID source) _____ NGVD/NAVD
9. Elevation of the Proposed Development Site _____ NGVD/NAVD
10. Local Ordinance Elevation/Floodproofing Requirement _____ NGVD/NAVD
11. Other Floodplain Elevation Information (ID and describe source) _____
12. Other Permits Required? Corps of Engineer 404 Permit: Yes _____ No _____ Provided _____
State Department of Natural Resources 401 Permit: Yes _____ No _____ Provided _____
Environmental Protection Agency NPDES Permit: Yes _____ No _____ Provided _____

All Provisions of Ordinance Number 1380 §§1--7, 9-23-02, the "Floodplain Management Ordinance", shall be in Compliance.

PERMIT APPROVAL/DENIAL

Plans and Specifications Approved/Denied this _____ Day of _____, 20 _____

Signature of Developer/Owner _____ Authorizing Official _____
Print Name and Title _____ Print Name and Title _____

THIS PERMIT IS ISSUED WITH THE CONDITION THAT THE LOWEST FLOOR (INCLUDING BASEMENT FLOOR) OF ANY NEW OR SUBSTANTIALLY IMPROVED RESIDENTIAL BUILDING WILL BE ELEVATED _____ FOOT/FEET ABOVE THE BASE FLOOD ELEVATION. IF THE PROPOSED DEVELOPMENT IS A NON-RESIDENTIAL BUILDING, THIS PERMIT IS ISSUED WITH THE CONDITION THAT THE LOWEST FLOOR (INCLUDING BASEMENT) OF A NEW OR SUBSTANTIALLY IMPROVED NON-RESIDENTIAL BUILDING WILL BE ELEVATED OR FLOODPROOFED _____ FOOT/FEET ABOVE THE BASE FLOOD ELEVATION.

THIS PERMIT IS USED WITH THE CONDITON THAT THE DEVELOPER/OWNER WILL PROVIDE CERTIFICATION BY A REGISTERED ENGINEER, ARCHITECT, OR LAND SURVEYOR OF THE "AS-BUILT" LOWEST FLOOR (INCLUDING BASEMENT) ELEVATION OF ANY NEW OR SUBSTANTIALLY IMPROVED BUILDING COVERED BY THIS PERMIT.

ELEVATION CERTIFICATE

OMB No. 1660-0008
 Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name		For Insurance Company Use: Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.		Company NAIC Number
City	State	ZIP Code

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) _____

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____

A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: NAD 1927 NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number _____

A8. For a building with a crawl space or enclosure(s), provide:

a) Square footage of crawl space or enclosure(s) _____ sq ft

b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____

c) Total net area of flood openings in A8.b _____ sq in

A9. For a building with an attached garage, provide:

a) Square footage of attached garage _____ sq ft

b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____

c) Total net area of flood openings in A9.b _____ sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number		B2. County Name		B3. State	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
 FIS Profile FIRM Community Determined Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other (Describe) _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date _____ CBRS OPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-g below according to the building diagram specified in Item A7.

Benchmark Utilized _____ Vertical Datum _____

Conversion/Comments _____

Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor) _____ feet meters (Puerto Rico only)

b) Top of the next higher floor _____ feet meters (Puerto Rico only)

c) Bottom of the lowest horizontal structural member (V Zones only) _____ feet meters (Puerto Rico only)

d) Attached garage (top of slab) _____ feet meters (Puerto Rico only)

e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) _____ feet meters (Puerto Rico only)

f) Lowest adjacent (finished) grade (LAG) _____ feet meters (Puerto Rico only)

g) Highest adjacent (finished) grade (HAG) _____ feet meters (Puerto Rico only)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. *I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.*

Check here if comments are provided on back of form.

Certifier's Name		License Number	
Title	Company Name		
Address	City	State	ZIP Code
Signature	Date	Telephone	

PLACE LICENSE NUMBER, SEAL, SIGNATURE, AND DATE HERE

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Policy Number
City	State	ZIP Code	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments

Signature _____ Date _____ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
 a) Top of bottom floor (including basement, crawl space, or enclosure) is _____. ____ feet meters above or below the HAG.
 b) Top of bottom floor (including basement, crawl space, or enclosure) is _____. ____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____. ____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____. ____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____. ____ feet meters above or below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge.*

Property Owner's or Owner's Authorized Representative's Name

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8. and G9.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4.-G9.) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
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- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters (PR) Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments

Check here if attachments

Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			For Insurance Company Use:
			Policy Number
City	State	ZIP Code	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.

Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			For Insurance Company Use:
			Policy Number
City	State	ZIP Code	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."

ENGINEERING "NO-RISE" CERTIFICATION

Community: _____ County: _____ State: _____

Applicant: _____ Date: _____

Address: _____

Telephone: _____

Engineer: _____

Address: _____

Telephone: _____

SITE DATA:

1. Location: _____ 1/4; _____ 1/4; Section _____; Range _____; Township: _____

Street Address: _____

2. Panel(s) No. of NFIP map(s) affected: _____

3. Type of development: Filling _____ Grading _____ Excavation _____ Minor Improv _____
Substantial-Improv _____ New Construction _____ Other _____

4. Description of Development: _____

5. Name of flooding source: _____

COMMENTS: _____

This is to certify that I am a duly qualified engineer licensed to practice in the State of _____. It is to further certify that the attached technical data supports the fact that the proposed development described above will not create any increase to the 100-year elevations on said flooding source above at published cross sections in the Flood Insurance Study for the above community dated _____ and will not create any increase to the 100-year flood elevations at unpublished cross-section in the vicinity of the proposed development.

Name: _____

Signature: _____ Date: _____

(Seal)

Title: _____ License No.: _____

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
FLOODPROOFING CERTIFICATE
FOR NON-RESIDENTIAL STRUCTURES

The floodproofing of non-residential buildings may be permitted as an alternative to elevating to or above the Base Flood Elevation; however, a floodproofing design certification is required. This form is to be used for that certification. Floodproofing of a residential building does not alter a community's floodplain management elevation requirements or affect the insurance rating unless the community has been issued an exception by FEMA to allow floodproofed residential basements. The permitting of a floodproofed residential basement requires a separate certification specifying that the design complies with the local floodplain management ordinance.

BUILDING OWNER'S NAME _____
STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER _____
OTHER DESCRIPTION (Lot and Block Numbers, etc.) _____

FOR INSURANCE COMPANY USE
POLICY NUMBER
COMPANY NAIC NUMBER

CITY _____ STATE _____ ZIP CODE _____

SECTION I FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM:

COMMUNITY NUMBER	PANEL NUMBER	SUFFIX	DATE OF FIRM INDEX	FIRM ZONE	BASE FLOOD ELEVATION (In AO Zones, Use Depth)

SECTION II FLOODPROOFING INFORMATION (By a Registered Professional Engineer or Architect)

Floodproofing Design Elevation Information:

Building is floodproofed to an elevation of _____ feet NGVD. (Elevation datum used must be the same as that on the FIRM.)

Height of floodproofing on the building above the lowest adjacent grade is _____ feet.

(NOTE: for insurance rating purposes, the building's floodproofed design elevation must be at least one foot above the Base Flood Elevation to receive rating credit. If the building is floodproofed only to the Base Flood Elevation, then the building's insurance rating will result in a higher premium.)

SECTION III CERTIFICATION (By Registered Professional Engineer or Architect)

Non-Residential Floodproofed Construction Certification:

I certify that, based upon development and/or review of structural design, specifications, and plans for construction, the design and methods of construction are in accordance with accepted standards of practice for meeting the following provisions:

The structure, together with attendant utilities and sanitary facilities, is watertight to the floodproofed design elevation indicated above, with walls that are substantially impermeable to the passage of water.

All structural components are capable of resisting hydrostatic and hydrodynamic flood forces, including the effects of buoyancy, and anticipated debris impact forces.

I certify that the information on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME _____ LICENSE NUMBER (or Affix Seal) _____
TITLE _____ COMPANY NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
SIGNATURE _____ DATE _____ PHONE _____

Copies should be made of this Certificate for: 1) community official, 2) Insurance agent/company, and 3) building owner.



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM, WATER POLLUTION BRANCH
 (SEE MAP FOR APPROPRIATE REGIONAL OFFICE)

FORM E - APPLICATION FOR GENERAL PERMIT
 UNDER MISSOURI CLEAN WATER LAW

FOR AGENCY USE ONLY	
CHECK NUMBER	
DATE RECEIVED	FEE SUBMITTED

1.00 CATEGORY OF GENERAL PERMIT APPLIED FOR

1.10 IS THIS FOR A STORM WATER ONLY DISCHARGE PERMIT
 YES NO

1.20
 a. This facility is now in operation under Missouri Operating Permit Number (NPDES) MO - _____ OR
 b. This is a new permit.

2.00 NAME OF FACILITY

2.10 ADDRESS (PHYSICAL) STREET CITY STATE ZIP CODE

3.00 OWNER

NAME	EMAIL ADDRESS	PHONE
		FAX
ADDRESS	STREET	CITY STATE ZIP CODE

4.00 CONTINUING AUTHORITY

NAME	PHONE
	FAX
ADDRESS	STREET CITY STATE ZIP CODE

5.00 OPERATOR

NAME	TELEPHONE NUMBER
------	------------------

6.00 FACILITY CONTACT

NAME	PHONE
	FAX
TITLE	

7.00 FOR EACH OUTFALL GIVE THE LEGAL DESCRIPTION (ATTACH ADDITIONAL SHEETS AS NECESSARY)

Outfall Number _____ 1/4 _____ 1/4 Sec _____ T _____ R _____ County _____

Outfall Number _____ 1/4 _____ 1/4 Sec _____ T _____ R _____ County _____

Outfall Number _____ 1/4 _____ 1/4 Sec _____ T _____ R _____ County _____

7.10 FOR EACH OUTFALL LIST THE NAME OF THE RECEIVING WATER

Outfall Number _____ Receiving Water _____

Outfall Number _____ Receiving Water _____

Outfall Number _____ Receiving Water _____

7.20 BRIEFLY DESCRIBE THE NATURE OF YOUR BUSINESS

7.30 Does the discharge(s) for which you are seeking a permit discharge to a combined sewer system? YES NO

7.40 Primary SIC Code _____

7.50 If this application is for a storm water permit, list **any** materials that are stored outside and exposed to storm water.

7.60 Attach a USGS 1" = 2000' scale map showing the location of the facility in relation to the local road system. Indicate on the map the facility; the receiving stream; the points of discharge; and the map section, township and range.

7.70 If this is an existing discharge, submit a summary of pollutants that have been analyzed in the past two years.

7.80 What is the source of your drinking water?

7.90 What is the method of domestic wastewater disposal?

8.00 I certify that I am familiar with the information contained in the application, that to the best of my knowledge and belief such information is true, complete an accurate, and if granted this permit, I agree to abide by the Missouri Clean Water Law and all rules, regulations, orders and decisions, subject to any legitimate appeal available to applicant under the Missouri Clean Water Law, of the Missouri Clean Water Commission.

A. NAME AND OFFICIAL TITLE (TYPE OR PRINT)	B. PHONE NO. (AREA CODE & NO.)
C. SIGNATURE	D. DATE SIGNED

INSTRUCTIONS

This form must be submitted with the application fee (listed below). Persons with more than one (1) operating location shall obtain a general permit for each location unless other permitting arrangements are allowed by the terms of the general permit. Where multiple discharge points exist at a single operating location, one (1) application may cover all the applicable discharges. **If there are any questions concerning this form, please contact the appropriate regional office (see map).**

Fees: Land Disturbance (Form G must be included) - \$300 (due at application time only)

Ag Chem Fertilizer/Pesticide - \$50 due with application for new permits; \$50/year while permit is in effect; no fee required with renewal application

Concentrated Animal Feeding Operation (CAFO) - \$150 (due at application time only)

General Permit – Other (ex., Motor Vehicle Salvage, Limestone Quarry, Petroleum Storage) - \$150 due with application for new permits and each year until expiration; \$60/year thereafter; no fee required with renewal application

- 1.00 Please give the name of the specific general permit that you are applying for: Example: Land Disturbance, Motor Vehicle Salvage, etc. If you are unsure about the specific name for the general permit, contact the Water Protection Program, Water Pollution Branch at (573) 751-6825.
- 1.10 If the application is for a permit to discharge storm water only, please check yes. If the discharge for which you are seeking a permit includes industrial process or waste water discharges, please check no.
- 1.20 Fill out either Item (a.) or Item (b.) as applicable.
- 2.00 Name of facility - by what name is this facility known locally? Example: Southwest Sewage Treatment Plant, Oak Hill Mobile Home Park, etc.
- 2.10 Give the street address of the facility. If the facility lacks a mailing address, give an accurate geographic description (ex., Intersection of Route A and M).
- 3.00 Owner - legal name and address of owner.
- 4.00 Continuing Authority - permanent organization which will serve as the continuing authority for the operation, maintenance and modernization of the facility.
- 5.00 Operator - name, certificate number of person operating the facility.
- 6.00 Give name of person at the facility that can be contacted by the department if necessary.
- 7.00 An outfall is the point(s) at which wastewater is discharged. For storm water this may be the point(s) where water leaves the property. Outfalls should be given in terms of the legal description of the facility. Sufficient information should be submitted so the outfall may be located by department staff.
- 7.10 Receiving stream(s) - the name of the stream(s) to which the discharge is directed and any subsequent tributary until a lake or continuous flowing stream is reached.
- 7.20 Describe the primary business conducted at this site.
- 7.30 A combined sewer system is one in which the sanitary and storm sewers are one pipe. In Missouri, parts of Macon, Moberly, Cape Girardeau, St. Joseph, Kansas City, Sedalia, and all of the city of St. Louis are on combined sewer systems. To find out, consult with your municipal public works department or, if in St. Louis, the St. Louis Metropolitan Sewer District (MSD). **If this discharge is to a combined sewer system, it is exempt from storm water permitting requirements. You do not need to file this application if it is for storm water discharges only.**
- 7.40 List only your primary SIC code. The Standard Industrial Classification (SIC) system was devised by the U.S. Office of Management and Budget to cover all economic activities. The primary SIC code is that of the operation that generates the most revenue, or, secondly, employs the most personnel. To find the correct SIC code, contact the Missouri Department of Natural Resources (573-526-6627) or refer to the following web sites: <http://www.census.gov/epcd/www/naicstab.htm> or <http://www.osha.gov/pls/imis/sicsearch.html>.
- 7.50 Please list anything stored outside, including wood pallets, empty storage barrels, waste disposal containers (except for a secured Dempsey dumpster), or **anything** that is a raw material, by-product, or product of your manufacturing activities.

If your facility is listed under any of the following SIC codes or major group codes, and you can certify that no materials are stored outside, then **you are exempt from storm water permitting requirements. You do not need to file this application if it is for storm water discharges only.** This information refers to the first two, first three, or all four numbers of your SIC code listed in 7.40 above. The SIC codes that are exempt from regulations if **no** materials are stored outside are: 20xx-23xx, 25xx, 265x, 267x, 27xx, 283x, 285x, 30xx, 31xx, 323x, 34xx-39xx, and 4221-4225.
- 7.60 A map showing the facility in relation to the local roads and receiving streams is required. Attach a 1" = 2000' scale USGS topographic map that can be obtained from the department's Geological Survey & Resource Assessment Division in Rolla, MO (573) 368-2125.
- 7.70 If this is an existing discharge, submit a list of the pollutants that have been analyzed in the past two years and any laboratory findings.
- 7.80 Give the source of your drinking water, identify the future supply if the site is currently undeveloped. If public supply, give name. If private supply, indicate type of well(s): individual, multi-family or public. If other, please describe.
- 7.90 Give the method of domestic wastewater disposal, identify the future method if the site is currently undeveloped. If public sewers, give name of sewer agency. If private system with a State Operating Permit, give name of facility and permit number. If other, please describe.
- 8.00 Signature - all applications must be signed as follows and the signature must be original.
 - a. For a corporation, by an officer having responsibility for the overall operation of the regulated facility or activity or for environmental matters;
 - b. For a partnership or sole proprietorship, by a general partner or the proprietor;
 - c. For a municipal, state, federal, or other public facility, by either a principal executive officer or by an individual having overall responsibility for environmental matters at the facility.



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM, WATER POLLUTION BRANCH
(SEE MAP FOR APPROPRIATE REGIONAL OFFICE)

**FORM G — APPLICATION FOR STORM WATER PERMIT (FORM E MUST BE INCLUDED)
UNDER THE GENERAL PERMIT: LAND DISTURBANCE**

1. NAME OF DEVELOPMENT
2. PHASE (INDICATE PHASE I, II & SO FORTH, IF APPLICABLE)
3. NATURE OF CONSTRUCTION ACTIVITY
4. PHYSICAL LOCATION OF DEVELOPMENT (ADDRESS IF ASSIGNED)
5. DATE CONSTRUCTION IS TO BEGIN
6. TOTAL AREA OF SITE: _____ ACRES
7. TOTAL AREA OF LAND TO BE DISTURBED: _____ ACRES
8. IS A DEPARTMENT OF NATURAL RESOURCES-APPROVED EROSION CONTROL PLAN OPERATIVE IN THE CITY OR THE UNINCORPORATED AREA OF THE COUNTY IN WHICH THE LAND DISTURBANCE IS OCCURRING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES , A LETTER OF APPROVAL OR A COPY OF A PERMIT FROM THE LOCAL AUTHORITY IS REQUIRED AND MUST BE ENCLOSED FOR THE PERMIT TO BE ISSUED. <input type="checkbox"/> PLEASE CHECK IF ENCLOSED
9. HAS A STORM WATER POLLUTION PREVENTION PLAN (SWPPP) BEEN DEVELOPED FOR THIS SITE? (THIS PLAN MUST BE DEVELOPED IN ACCORDANCE WITH REQUIREMENTS & GUIDELINES SPECIFIED WITHIN THE GENERAL PERMIT FOR STORM WATER DISCHARGES FROM LAND DISTURBANCE ACTIVITIES. THE APPLICATION WILL BE CONSIDERED INCOMPLETE IF THE SWPPP HAS NOT BEEN DEVELOPED. PLEASE DO NOT ENCLOSE A COPY OF THE PLAN. A COPY OF THE SWPPP MAY BE REQUESTED BY THE DEPARTMENT AT ANY TIME.) <input type="checkbox"/> YES <input type="checkbox"/> NO
10. SUMMARIZE THE MEASURES (BEST MANAGEMENT PRACTICES) FROM THE SWPPP THAT WILL BE USED TO CONTROL POLLUTANTS IN STORM WATER DISCHARGES DURING CONSTRUCTION. _____ _____
11. SUMMARIZE BEST MANAGEMENT PRACTICES FROM THE SWPPP THAT WILL REMAIN IN PLACE ONCE CONSTRUCTION OPERATIONS HAVE BEEN COMPLETED. _____ _____ _____
12. DESCRIBE THE NATURE OF THE FILL MATERIAL _____ _____
13. ATTACH ANY EXISTING DATA CONCERNING SOIL AND/OR QUALITY OF THE DISCHARGE.

14. ESTIMATE OF RUNOFF COEFFICIENT OF SITE _____ 0. _____

15. ESTIMATE OF INCREASE IN IMPERVIOUS AREA _____ + _____ % _____

16. ESTIMATE OF RUNOFF COEFFICIENT UPON COMPLETION _____ 0. _____

17. IS THE LAND DISTURBANCE WITHIN 1,000 FEET OF:

_____ WATER CLASSIFIED IN 10 CSR 20-7.031 WATER QUALITY STANDARDS AS A PUBLIC DRINKING WATER SUPPLY LAKE (L₁), OUTSTANDING NATIONAL OR STATE RESOURCE WATERS, OR STREAMS DESIGNATED FOR COLD-WATER SPORT FISHERY; OR

_____ STREAMS, LAKES, OR RESERVOIRS IDENTIFIED AS CRITICAL HABITAT FOR ENDANGERED SPECIES AS DETERMINED BY MISSOURI DEPARTMENT OF CONSERVATION AND U.S. FISH AND WILDLIFE SERVICE.

18. IS THE LAND DISTURBANCE WITHIN 100 FEET OF WATERS CLASSIFIED AS MAJOR RESERVOIRS (L₂) OR PERMANENT FLOW STREAMS (P), EXCEPT THE MISSOURI AND MISSISSIPPI RIVERS, OR WITHIN TWO STREAM MILES UPSTREAM OF BIOCRITERIA REFERENCE LOCATIONS AS DEFINED IN 10 CSR 20, CHAPTER 7?

 YES NO

19. IS ANY PART OF THE AREA THAT IS BEING DISTURBED DISCHARGING TO A JURISDICTIONAL WATER OF THE UNITED STATES?

 YES NO

IF **YES**, HAVE YOU RECEIVED A CWA, SECTION 404 PERMIT FOR THIS SITE FROM THE UNITED STATES ARMY CORPS OF ENGINEERS? (THE PERMIT CANNOT BE ISSUED UNTIL THE SITE IS UNDER A 404 OR NATIONWIDE GENERAL PERMIT IF ONE IS REQUIRED.)

 YES NO

20. DOES THE STORM WATER RUNOFF DISCHARGE TO A SINKHOLE, LOSING STREAM, OR ANY OTHER TOPOGRAPHICAL FEATURE THAT WOULD BE A DIRECT CONDUIT TO GROUND WATER?

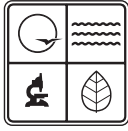
 YES NO

21. I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THE APPLICATION, THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE AND ACCURATE, AND IF GRANTED THIS PERMIT, I AGREE TO ABIDE BY THE MISSOURI CLEAN WATER LAW AND ALL RULES, REGULATIONS, ORDERS AND DECISIONS, SUBJECT TO ANY LEGITIMATE APPEAL AVAILABLE TO AN APPLICANT UNDER THE MISSOURI CLEAN WATER LAW OF THE MISSOURI CLEAN WATER COMMISSION.

NAME AND OFFICIAL TITLE	TELEPHONE NUMBER (AREA CODE AND NO.)
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SIGNATURE	DATE SIGNED
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NOTE ▶	THIS FORM MUST BE SUBMITTED WITH THE PERMIT FEE (\$300), MAP, AND FORM E (APPLICATION FOR A GENERAL PERMIT).
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM, WATER POLLUTION BRANCH
 (SEE MAP FOR APPROPRIATE REGIONAL OFFICE)

FORM O - APPLICATION FOR LAND DISTURBANCE PERMIT (< 5 ACRES)
 UNDER MISSOURI CLEAN WATER LAW

FOR AGENCY USE ONLY	
CHECK NUMBER	
DATE RECEIVED	FEE SUBMITTED

THIS FORM MUST BE SUBMITTED WITH THE PERMIT FEE (\$300), MAP OF AREA, AND APPROVAL OF LOCAL AUTHORITY. (IF APPLICABLE) UPON APPROVAL BY THE DEPARTMENT, THIS FORM, ITS ATTACHMENTS, AND THE CONDITIONS OF GENERAL PERMIT MO-R100A, MO-R101, OR MO-R109 (WHICHEVER IS APPROPRIATE) SHALL BECOME THE PERMIT TO DISCHARGE FROM THE FACILITY AND ACTIVITIES DESCRIBED BELOW.

1.00 DATE LAND DISTURBANCE ACTIVITY IS TO BEGIN (MO/DAY/YEAR)

2.00

- a. This facility is now in operation under Missouri Operating Permit Number (NPDES) MO - _____ OR
- b. This is a new permit: Missouri Operating Permit Number (NPDES) MO - _____

3.00 OWNER

NAME	EMAIL ADDRESS	PHONE
		FAX
ADDRESS	STREET	CITY
		STATE
		ZIP CODE

4.00 FACILITY

NAME
ADDRESS
STREET
CITY
STATE
ZIP CODE

5.00 CONTINUING AUTHORITY

NAME	PHONE
	FAX
ADDRESS	STREET
	CITY
	STATE
	ZIP CODE

6.00 FACILITY CONTACT

NAME	TITLE	PHONE
	EMAIL ADDRESS	FAX

7.00 TOTAL AREA OF LAND TO BE DISTURBED (ACRES)

8.00 WILL A SEDIMENT BASIN BE CONSTRUCTED?

- YES NO (SEE CONDITION 8.H. OF GENERAL PERMIT MO-R101)

9.00 FOR EACH OUTFALL GIVE THE LEGAL DESCRIPTION (ATTACH ADDITIONAL SHEETS AS NECESSARY)

Outfall Number _____ 1/4 _____ 1/4 Sec _____ T _____ R _____ County

Outfall Number _____ 1/4 _____ 1/4 Sec _____ T _____ R _____ County

Outfall Number _____ 1/4 _____ 1/4 Sec _____ T _____ R _____ County

9.10 FOR EACH OUTFALL LIST THE NAME OF THE RECEIVING WATER

Outfall Number _____ Receiving Water _____

Outfall Number _____ Receiving Water _____

Outfall Number _____ Receiving Water _____

9.20 BRIEFLY DESCRIBE THE NATURE OF YOUR BUSINESS

9.30 ATTACH A USGS 1" = 2000' SCALE MAP SHOWING THE LOCATION OF THE FACILITY IN RELATION TO THE LOCAL ROAD SYSTEM. INDICATE ON THE MAP THE FACILITY; THE RECEIVING STREAM; THE POINTS OF DISCHARGE; AND THE MAP SECTION, TOWNSHIP AND RANGE.

10.00 A DEPARTMENT OF NATURAL RESOURCES-APPROVED EROSION CONTROL PLAN IS ADMINISTERED IN THE CITY OR THE UNINCORPORATED AREA OF THE COUNTY IN WHICH THE LAND DISTURBANCE IS OCCURRING.

YES NO

If yes, name of local authority _____

NOTE: A letter of approval or a copy of a permit from the local authority is required and **must be enclosed** for this permit to be issued.

11.00 A STORM WATER POLLUTION PREVENTION PLAN (SWPPP) MUST BE DEVELOPED FOR THIS SITE. THIS PLAN MUST BE DEVELOPED IN ACCORDANCE WITH REQUIREMENTS & GUIDELINES SPECIFIED WITHIN THE GENERAL PERMIT FOR STORM WATER DISCHARGES FROM LAND DISTURBANCE ACTIVITIES. THIS APPLICATION WILL BE CONSIDERED INCOMPLETE IF THE SWPPP HAS NOT BEEN DEVELOPED. PLEASE **DO NOT** ENCLOSE A COPY OF THE PLAN.

BY SIGNING THIS FORM, THE APPLICANT AGREES THAT A SWPPP HAS BEEN DEVELOPED FOR THIS ACTIVITY.

12.00 THE ACTIVITIES APPROVED UNDER THIS PERMIT MUST BE CONDUCTED IN ACCORDANCE WITH THE LOCAL EROSION CONTROL PLAN ADMINISTERED BY THE LOCAL AUTHORITY IDENTIFIED ABOVE, IF APPLICABLE, AND IN ACCORDANCE WITH THE STORM WATER POLLUTION PREVENTION PLAN (SWPPP) DEVELOPED BY THE APPLICANT.

13.00 APPLICANT STATEMENT: I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THE APPLICATION, THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE AND ACCURATE, AND BEING GRANTED THIS PERMIT, I AGREE TO ABIDE BY THE MISSOURI CLEAN WATER LAW AND ALL RULES, REGULATIONS, ORDERS AND DECISIONS, AND TERMS OF THIS PERMIT, SUBJECT TO ANY LEGITIMATE APPEAL AVAILABLE TO AN APPLICANT UNDER THE MISSOURI CLEAN WATER LAW OF THE MISSOURI CLEAN WATER COMMISSION.

NAME AND OFFICIAL TITLE OF APPLICANT	APPROVED: DEPARTMENT SIGNATOR (NAME/TITLE)
TELEPHONE NUMBER ()	TELEPHONE NUMBER ()
SIGNATURE	SIGNATURE
DATE SIGNED	DATE SIGNED

NOTE ► THIS FORM MUST BE SUBMITTED WITH THE PERMIT FEE (\$300), MAP OF AREA, AND APPROVAL OF LOCAL AUTHORITY. (IF APPLICABLE)



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM, WATER POLLUTION BRANCH
 P.O. BOX 176 JEFFERSON CITY MO 65102-0176
 (SEE MAP FOR APPROPRIATE REGIONAL OFFICE)

**APPLICATION FOR CONSTRUCTION PERMIT -
 SEWER EXTENSION**

FOR DEPARTMENT USE ONLY	
PERMIT NO. MO -	
FEE RECEIVED	DATE RECEIVED

DO NOT ATTEMPT TO COMPLETE THIS FORM BEFORE READING THE ACCOMPANYING INSTRUCTIONS.
NOTE: A CONSTRUCTION PERMIT FEE MUST ACCOMPANY THIS APPLICATION. (PLEASE FILL IN ALL BLANKS)

1.1 NAME OF PROJECT	SRF, SG, EPA GRANT NUMBER (IF APPLICABLE)
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1.2 LOCATION OF PROJECT	COUNTY
-------------------------	--------

2.1 OWNER'S NAME	TELEPHONE NUMBER	EMAIL ADDRESS
------------------	------------------	---------------

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

2.2 CONTINUING AUTHORITY NAME

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

3.1 BRIEF DESCRIPTION

ENGINEER	TELEPHONE NUMBER	EMAIL ADDRESS
----------	------------------	---------------

3.2 DESIGN INFORMATION
A. POPULATION OR NUMBER OF LOTS TO BE SERVED BY THIS EXTENSION: _____
B. ESTIMATED FLOW TO BE CONTRIBUTED BY THIS EXTENSION: _____
C. INDUSTRIAL WASTES: TYPE _____ FLOW _____
D. RECEIVING SEWER: SIZE _____ CAPACITY _____

3.3 RECEIVING TREATMENT FACILITY NAME	TELEPHONE NUMBER	EMAIL ADDRESS
---------------------------------------	------------------	---------------

PERMIT NUMBER	REMAINING CAPACITY
---------------	--------------------

4.1 HAS THE CONTINUING AUTHORITY THAT OPERATES THE TREATMENT FACILITY AND OR COLLECTION SYSTEM APPROVED OR AGREED TO ACCEPT THE ADDITIONAL SEWAGE FLOW? <input type="checkbox"/> YES <input type="checkbox"/> NO

4.2 I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THE APPLICATION, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE, AND ACCURATE, AND IF GRANTED THIS PERMIT, I AGREE TO ABIDE BY THE MISSOURI CLEAN WATER LAW AND ALL RULES, REGULATIONS, ORDERS AND DECISIONS, SUBJECT TO ANY LEGITIMATE APPEAL AVAILABLE TO APPLICANT UNDER THE MISSOURI CLEAN WATER LAW, OF THE MISSOURI CLEAN WATER COMMISSION.

APPLICANT'S SIGNATURE (SEE INSTRUCTIONS)	TELEPHONE NUMBER	EMAIL ADDRESS	DATE
--	------------------	---------------	------

NAME PRINTED	TITLE OR CORPORATE POSITION
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INSTRUCTIONS FOR FILLING OUT APPLICATION FOR CONSTRUCTION PERMIT – SEWER EXTENSION

Construction permit fees shall be tendered together with this application. Incomplete construction permit applications and related engineering documents will be returned by the department if they are not completed in the time frame established by the department in a comment letter to the owner. Construction permit fees for returned applications shall be forfeited. Construction permit fees for applications being processed by the department that are withdrawn by the applicant shall be forfeited. The construction permit fees are as follows:

- A. Seventy-Five Dollars (\$75) for a sewer extension under 1,000 feet long.
- B. Three Hundred Dollars (\$300) for a sewer extension over 1,000 feet long or for construction of a lift station.

Permittees proposing to build more than one construction unit are only required to pay the highest fee. Example: If two lift stations and 2,000 feet of sewer line are being constructed, the construction permit fee would only be the highest number of \$300. If 500 feet of sewer line and one lift station were being constructed, the fee would be \$300.

Different application and construction fees are applicable if a sewage treatment device is to be constructed.

- 1.1 Give the name of the project or the name of the subdivision in which the sewers are being constructed and funding number.
- 1.2 Describe the location by street name or give the most accurate alternative geographic information.
- 2.1 Legal name, contact information, and address of the owner or applicant.
- 2.2 Legal name and address of the continuing authority if different from owner or applicant (if same, write same). For more information on continuing authorities see Section (3) of 10 CSR 20-6.010, Construction and Operating Permits.
- 3.1 Briefly describe the project by providing the following information:
 - A. Total number of manholes.
 - B. Size of sewers and the total linear feet of each size.
 - C. Number of lift stations and design average and peak flow capacities of each lift station.
 - D. Size and length of force mains.
 - E. Name and contact information of the engineer.
- 3.2 Self-Explanatory
- 3.3 Provide the name, contact information, and permit number of the treatment facility. Also provide the remaining treatment facility capacity to ensure that the extension will not cause the treatment facility to be overloaded.
- 4.1 If the continuing authority has not agreed to accept the additional flow or in some cases to accept the sewer extension, this application will be considered incomplete.
- 4.2 All applications must be signed in one of the following ways:
 - A. For a corporation, by an officer of at least the level of plant manager.
 - B. For a partnership or sole proprietorship, by a general partner or the proprietor.
 - C. For a municipal, state, federal or other public facility, by either a principal executive officer or ranking public official.

This completed form, along with the construction permit fee, should be returned to the address shown at the top of page one of the application form.

If there are any questions concerning this form, please direct your questions to the appropriate Regional Office ([see map](#)) or to the Missouri Department of Natural Resources, Water Protection and Soil Conservation Division, Water Protection Program, Water Pollution Branch, P.O. Box 176, Jefferson City, MO 65102-0176.



MISSOURI DEPARTMENT OF NATURAL RESOURCES
PUBLIC DRINKING WATER PROGRAM
APPLICATION FOR A CONSTRUCTION PERMIT

P.O. BOX 176
JEFFERSON CITY, MO 65102

DNR USE ONLY	
REV. NO.	
DATE RECD.	
DATE APPD.	

INSTRUCTIONS

- A. Please type or print in ink.
- B. A completed and signed application form must accompany each set of plans and specifications that is submitted to the department for review and approval.
- C. No fee is required for a construction permit.
- D. Please direct inquiries to the above address or call (573) 751-5924.

1. **NAME OF PROJECT** (TYPE OF CONSTRUCTION, FOLLOWED BY EITHER THE NAME OF DEVELOPMENT, CITY, WATER DISTRICT OR OTHER.)

NOTE FOR NUMBER 2 ► FOR A SOLE PROPRIETORSHIP – THE NAME OF THE PROPRIETOR, FOR A CORPORATION – THE NAME OF AN OFFICER OF AT LEAST THE LEVEL OF A PLANT MANAGER; FOR A PARTNERSHIP – THE NAME OF A PRINCIPAL PARTNER; FOR A CITY, STATE, FEDERAL OR OTHER PUBLIC FACILITY – THE NAME OF EITHER A PRINCIPAL EXECUTIVE OFFICER OR A RANKING PUBLIC OFFICIAL.

2. OWNER OR OFFICIAL CUSTODIAN		TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

3. **LIST OF DOCUMENTS SUBMITTED** (CHECK APPROPRIATE BOX OR BOXES. TWO SETS ARE REQUIRED FOR EACH DOCUMENT.)

- | | |
|---|--|
| <input type="checkbox"/> ENGINEERING REPORT*
IF THE REPORT IS APPROVED, WRITE THE
REVIEW NUMBER OF THE REPORT _____ | <input type="checkbox"/> HYDRAULICS ANALYSIS* |
| <input type="checkbox"/> DETAILED PLANS* | <input type="checkbox"/> PRODUCT/EQUIPMENT LITERATURE |
| <input type="checkbox"/> TECHNICAL SPECIFICATIONS* | <input type="checkbox"/> LETTER OF ACCEPTANCE FROM SUPPLY SOURCE |
| <input type="checkbox"/> LAYOUT MAP* | <input type="checkbox"/> OPERATION AND MAINTENANCE MANUAL |
| | <input type="checkbox"/> OTHER (SPECIFY) _____ |

*MUST BE AFFIXED WITH THE PROFESSIONAL ENGINEER'S SEAL.

4. **PROJECT IS FOR**

- DEVELOPMENT OF NEW WATER-SUPPLY SYSTEM
- MODIFICATION OF EXISTING WATER-SUPPLY SYSTEM

5. **SCOPE OF THE PROJECT** (DESCRIBE THE PROJECT COMPLETELY. ATTACH ADDITIONAL SHEETS IF NECESSARY.)

6. **LOCATION OF PROJECT:** U.S. GEOLOGICAL SURVEY LOCATION _____ ¼, _____ ¼, SECTION _____, T _____, R _____ .
COUNTY, MISSOURI

MAILING ADDRESS (IF OUTSIDE CITY BOUNDARIES, INCLUDE NAME OF NEAREST CITY.)

7. **PROPOSED WATER-SUPPLY SOURCE**

- WELL OR WELLS
- STREAM, RIVER, LAKE, OR RESERVOIR (TWO-STATE TREATMENT IS REQUIRED)
- EXISTING WATER-SUPPLY SYSTEM

IDENTIFICATION NUMBER _____

NAME OF OWNER OR OFFICIAL CUSTODIAN _____

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

TELEPHONE _____

LINE SIZE AT POINT OF CONNECTION _____

AVAILABLE FLOW AND PRESSURE _____

- OTHER (SPECIFY)

8. WATER LINES

COMPLETE DISTRIBUTION SYSTEM WATER LINE RELOCATION/REPLACEMENT

WATER LINE EXTENSION OTHER (SPECIFY) _____

9. PROPOSED TREATMENT PROVIDED

<input type="checkbox"/> CLARIFICATION ___ PRE-SEDIMENTATION ___ CHEMICAL RAPID MIXING ___ FLOCCULATION ___ SEDIMENTATION ___ FILTRATION ___ OTHERS (SPECIFY) _____ <input type="checkbox"/> SOFTENING ___ LIME OR LIME-SODA PROCESS ___ ION EXCHANGE PROCESS <input type="checkbox"/> IRON AND MANGANESE REMOVAL ___ OXIDATION-DETENTION-FILTRATION ___ LIME/LIME-SODA SOFTENING PROCESS ___ ION EXCHANGE ___ MANGANESE GREENSAND FILTRATION ___ SEQUESTRATION BY CHEMICALS ___ OTHERS (SPECIFY) _____	<input type="checkbox"/> RADIONUCLIDE REMOVAL <input type="checkbox"/> THM CONTROL <input type="checkbox"/> VOC REMOVAL <input type="checkbox"/> TASTE AND ODOR CONTROL <input type="checkbox"/> STABILIZATION <input type="checkbox"/> DISINFECTION CHEMICALS USED _____ CONTACT TIME _____ <input type="checkbox"/> FLUORIDATION <input type="checkbox"/> OTHERS (SPECIFY) _____
---	---

10. STORAGE DIMENSION _____ CAPACITY _____

<input type="checkbox"/> GROUND-LEVEL STORAGE TANK <input type="checkbox"/> ELEVATED STORAGE TANK <input type="checkbox"/> STANDPIPE	<input type="checkbox"/> PRESSURE TANK <input type="checkbox"/> OTHERS (SPECIFY) _____
--	---

11. PUMPING NUMBER OF PUMPS _____ CAPACITY/PUMP _____

<input type="checkbox"/> LOW SERVICE PUMPING <input type="checkbox"/> BOOSTER PUMPING	<input type="checkbox"/> HIGH SERVICE PUMPING <input type="checkbox"/> OTHER (SPECIFY) _____
--	---

12. WASTE DISPOSAL FACILITIES NUMBER OF UNITS _____ CAPACITY/UNIT _____

<input type="checkbox"/> PUMPS AND PIPING <input type="checkbox"/> TREATMENT UNIT	<input type="checkbox"/> HOLDING STRUCTURES <input type="checkbox"/> OTHER (SPECIFY) _____
--	---

FINAL DISPOSAL OF SLUDGE _____

13. OTHER WATER WORKS (SPECIFY)

I CERTIFY THAT THE INFORMATION ENTERED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND IF GRANTED A PERMIT, THE CONSTRUCTION OF THIS PROJECT WILL BE IN ACCORDANCE WITH THE FINAL PLANS AND SPECIFICATIONS APPROVED BY THE MISSOURI DEPARTMENT OF NATURAL RESOURCES.

SIGNATURE OF OWNER OR OFFICIAL CUSTODIAN	DATE
--	------