



201 N. Second St., Ste. 412
St. Charles, MO 63301
Phone: 636-949-7345
Fax: 636-949-7336
Email: bldgpermit@sccmo.org

APPLICATION FOR CONTRACTOR LICENSE

Application Date _____

License No. _____

One-time Application Fee **\$25.00**

License Type: Mechanical Electrical Master Plumbing Master Drainlayer 3rd Party Inspector
 Class A
 Class B

LICENSEE PERSONAL INFORMATION:

Name _____

Home Address (incl city, state, zip) _____

Business Name _____

Mailing Address (incl city, state, zip) _____

Telephone: Work _____ Fax: _____ Mobile: _____

Business e-mail address _____

Date of Birth _____

I understand that the above information must be true and accurate in all aspects. Also, I understand that it is my responsibility to verify to St. Charles County Building Division, upon request, any and all of the data that I have indicated in the application.

If any of the information and facts contained in the application is found not to be true, or intentionally misleading, this application will be disqualified and voided.

Signature _____



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CONTRACTOR AUTHORIZATION SIGNATURE SHEET

Please fill out the form below. Two (2) alternate signatures may be allowed which would give permission for someone else to sign building permits for you. Do not forget to sign this document.

You are required to keep this office informed of your current address and telephone number.

- Electrician License No. _____
- Plumber License No. _____
- Mechanical License No. _____
- Drainlayer License No. _____
- 3rd Party Inspector License No. _____

Licensee's Name _____

Home Address (incl city, state, zip) _____

Business Name _____

Mailing Address (incl city, state, zip) _____

Telephone: Work _____ Fax: _____ Mobile: _____

Business E-mail address _____

X _____
 LICENSEE SIGNATURE COMPANY POSITION

I hereby verify that I am the said license holder for St. Charles County Building Code Enforcement Division to accept as mine the signature below for any permits issued in St. Charles County.

X _____ X _____
 ALTERNATE SIGNATURE ALTERNATE SIGNATURE

X _____ X _____
 PRINT NAME PRINT NAME

X _____ X _____
 COMPANY POSITION COMPANY POSITION

X _____ X _____
 E-MAIL ADDRESS E-MAIL ADDRESS