



APPLICATION FOR AN ACCESSORY BUILDING

City of Fredericktown
124 West Main Street
Fredericktown, MO 63645

PERMIT NO. _____

ADDRESS/LOCATION _____ ZONING _____

SUBDIVISION _____ LOT _____ BLOCK _____

APPLICANT NAME _____ PHONE _____

ADDRESS _____

OWNER(S) _____ PHONE _____

ADDRESS _____

CONTRACTOR / INSTALLER _____ PHONE _____

ADDRESS _____ CITY LICENSE NO. _____

DESIGN PROFESSIONAL _____ PHONE _____

ADDRESS _____

PROJECT DESCRIPTION _____

CONST. VALUE \$ _____

TYPE OF BUILDING

___ GARAGE
___ SHED
___ PORTABLE BUILDING
___ PORTABLE CARPORT

HEIGHT AND AREA

AREA _____ SQ. FT.
LENGTH _____ FT.
WIDTH _____ FT.
HEIGHT _____ FT.

IN CONJUNCTION WITH

___ RESIDENTIAL
___ COMMERCIAL
___ INDUSTRIAL
___ OTHER _____

ATTACH A PLOT PLAN SHOWING THE LOCATION AND DIMENSIONS OF ALL PROPERTY LINES, SETBACKS, UTILITIES, RIGHT-OF-WAYS, EASEMENTS, EXISTING STRUCTURES, PROPOSED STRUCTURES, AND ANY OTHER PERTINENT INFORMATION DEEMED NECESSARY BY THE CODE OFFICIAL. STRUCTURAL INFORMATION MAY ALSO BE REQUIRED.

SIGNATURE _____ DATE _____