

ST. LOUIS COUNTY PERMIT APPLICATION

FOR

ELECTRICAL PERMITS

PERMIT PROCESSING, 6TH FLOOR
 DEPARTMENT OF PUBLIC WORKS
 ST. LOUIS COUNTY GOV'T CENTER
 41 S CENTRAL, CLAYTON, MO 63105

FAX FILING NO. (314) 615-8701
 For applications where plans are not
 required. Applicant must have an
 established account to cover permit fee.

(Please Type or Print Legibly in Ink,
 Complete All Parts, and Sign Application)

DATE OF APPLICATION ____/____/____

PROJECT ADDRESS _____ SUITE/FLOOR NO. _____ ZIP CODE _____

UNINCORP. COUNTY YES, SUBDIVISION or
 or MUNICIPALITY _____ BLDG./CENTER _____ LOT NO. _____

DESCRIPTION OF WORK _____

PROPERTY OWNER _____ GOV'T OWNED YES
 LAST NAME _____ FIRST _____ TELEPHONE # _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

TENANT/BUSINESS NAME _____ EXISTING, NEW

TYPE OF WORK	TYPE OF STRUCTURE			For Office Use	
<input checked="" type="checkbox"/> 01 NEW CONSTRUCTION <input checked="" type="checkbox"/> 02 ADDITION <input checked="" type="checkbox"/> 03 ALTERATION <input checked="" type="checkbox"/> 04 REPLACEMENT <input checked="" type="checkbox"/> 05 REPAIR <input checked="" type="checkbox"/> 06 FOUNDATION <input checked="" type="checkbox"/> 07 SHELL <input checked="" type="checkbox"/> 08 INTERIOR FINISH <input checked="" type="checkbox"/> 09 FIRE/STORM/OTHER DAMAGE <input checked="" type="checkbox"/> 10 OCCUPANCY <input checked="" type="checkbox"/> 19 MISCELLANEOUS	<p style="text-align: center;">RESIDENTIAL</p> <input checked="" type="checkbox"/> 0801 SINGLE FAMILY <input checked="" type="checkbox"/> 0802 TWO FAMILY <input checked="" type="checkbox"/> 0803 3 or 4 FAMILY <input checked="" type="checkbox"/> 0804 5 or MORE FAMILY <input checked="" type="checkbox"/> 0805 DORMITORIES <input checked="" type="checkbox"/> 0806 HOTELS/MOTELS UNITS THIS BUILDING _____ UNITS THIS PERMIT _____	<p style="text-align: center;">COMMERCIAL</p> <p>ASSEMBLY</p> <input checked="" type="checkbox"/> 0101 THEATRES <input checked="" type="checkbox"/> 0102 RESTAURANT <input checked="" type="checkbox"/> 0103 NIGHT CLUB <input checked="" type="checkbox"/> 0104 CHURCHES & OTHER RELIGIOUS <input checked="" type="checkbox"/> 0105 EXHIBITION HALL <p>BUSINESS</p> <input checked="" type="checkbox"/> 0201 OFFICE BANK PROFESSIONAL <input checked="" type="checkbox"/> 0202 CARWASH <input checked="" type="checkbox"/> 0203 CLINIC <input checked="" type="checkbox"/> 0204 FIRE STATION <input checked="" type="checkbox"/> 0205 DOCTOR'S OFFICES <input checked="" type="checkbox"/> 0206 LABORATORIES <p>EDUCATION</p> <input checked="" type="checkbox"/> 0301 SCHOOLS <input checked="" type="checkbox"/> 0302 CHILD DAY CARE <p>FACTORY AND INDUSTRIAL</p> <input checked="" type="checkbox"/> 0401 MANUFACTURING PLANT <input checked="" type="checkbox"/> 0402 INDUSTRIAL LABS <input checked="" type="checkbox"/> 0403 UTILITIES <p>HIGH HAZARD</p> <input checked="" type="checkbox"/> 0501 FLAM. & COMB. LIQUIDS STORAGE OR MANUFACTURER <input checked="" type="checkbox"/> 0502 TIRE STORAGE (BULK) <p>INSTITUTIONAL</p> <input checked="" type="checkbox"/> 0601 NURSING HOME <input checked="" type="checkbox"/> 0602 DAY NURSERIES <input checked="" type="checkbox"/> 0603 HOSPITALS <input checked="" type="checkbox"/> 0604 JAILS <p>MERCANTILE</p> <input checked="" type="checkbox"/> 0701 RETAIL/WHOLESALE/STORES <input checked="" type="checkbox"/> 0702 SERVICE STATION <input checked="" type="checkbox"/> 0703 MARKETS <p>STORAGE</p> <input checked="" type="checkbox"/> 0901 OFFICE/WAREHOUSE <input checked="" type="checkbox"/> 0902 LUMBER YARD <input checked="" type="checkbox"/> 0903 REPAIR GARAGE <input checked="" type="checkbox"/> 0904 PARKING GARAGE	<p style="text-align: center;">NON-HABITABLE</p> <input checked="" type="checkbox"/> 1001 TANKS <input checked="" type="checkbox"/> 1002 RETAINING WALLS <input checked="" type="checkbox"/> 1003 DETACHED GARAGE <input checked="" type="checkbox"/> 1004 ATTACHED GARAGE <input checked="" type="checkbox"/> 1005 CARPORT <input checked="" type="checkbox"/> 1006 SHED <input checked="" type="checkbox"/> 1007 ANTENNAS <input checked="" type="checkbox"/> 1008 RES. GREENHOUSES <input checked="" type="checkbox"/> 1009 PARKING LOT <input checked="" type="checkbox"/> 1010 SIGNS <input checked="" type="checkbox"/> 1011 PATIO/DECK/PORCH <input checked="" type="checkbox"/> 1012 SWIMMING POOL <input checked="" type="checkbox"/> 1013 FIREPLACE <input checked="" type="checkbox"/> 1014 OTHER	<p style="text-align: center;">FOR OFFICE USE</p> FIRE DIST. _____ <p style="text-align: center;">PERMIT FEES</p> PROCESSING _____ ELECTRICAL _____ INSPECTION _____ PENALTY _____ TOTAL _____ FEES PAID _____ DATE ISSUED ____/____/____ ISSUED BY _____ <p style="text-align: center;">APPROVALS & DATE</p> PLAN REV. _____ BOX NO. _____	
<p style="text-align: center;">ELECTRICAL</p> <p>SERVICE/POWER DISTRIBUTION:</p> SERVICE <input checked="" type="checkbox"/> Permanent <input checked="" type="checkbox"/> Temp. on Pole <input checked="" type="checkbox"/> UG <input checked="" type="checkbox"/> OH Amps _____ Volts _____ Wire _____ Phase _____ OUTLETS # _____ TRANSFORMERS # _____ SUBPANELS # _____ HEATERS # _____ Amps _____ Heaters KW (Total) _____ MOTORS/AC ≥ 5hp _____ MOTORS/AC < 5 hp _____ CODE CORRECTION WORK..... <input checked="" type="checkbox"/> YES, # _____ <p>COMMUNICATION/LOW VOLTAGE:</p> AMPLIFIERS # _____ ANTENNAS # _____ DATA # _____ TELEPHONES # _____ FIRE/BURGLAR # _____ CABLE TV OUT. # _____ X-RAYS # _____ DETECTORS # _____ SPEAKERS # _____ THERMOSTATS # _____ <p>SPECIAL ITEM(S):</p> _____ QTY _____ _____ QTY _____ _____ QTY _____ <p>TOTAL PROJECT SCOPE OF WORK:</p> ELECTRICAL WORK ONLY <input checked="" type="checkbox"/> YES BLDG./MECH. WITH ELEC. WORK <input checked="" type="checkbox"/> YES County Bldg. or Mech. Permit # _____		<p style="text-align: center;">FOR OFFICE USE ONLY</p> <input checked="" type="checkbox"/> MP52 T			LOC. NO. _____ PERMIT NO. _____ TYPE _____

I CERTIFY THAT I AM THE ELECTRICAL LICENSE HOLDER OR LICENSEE'S AGENT AUTHORIZED TO APPLY FOR THIS PERMIT AND THAT I HAVE AN AGREEMENT WITH THE OWNER/LEASEE TO PERFORM THIS WORK. THE SCOPE OF WORK INDICATED AND COST ESTIMATES ARE TRUE & CORRECT.

ELEC. CONTR. NAME & ADDRESS:	TEL NO.	LIC. NO.	SIGNATURE:
	FAX NO.	DATE:	PRINTED NAME:
	EMAIL		