

ANNOUNCEMENT

FAX PERMIT SYSTEM FOR PLUMBING AND DRAINLAYING PERMITS

In its continuing efforts to improve the permit application process, St. Louis County Department of Public Works announces the implementation of a FAX PERMIT SYSTEM for Plumbing and Drainlaying Permits for the type and scope of plumbing and drainlaying work that does not require a plan submittal or additional information from the applicant at the time of application. In the past these type of permits have been issued as walk-in over-the-counter or mail-in permits. Refer to the attached for a listing of types of permit requests which can be faxed. When construction documents or other information must be provided in support of an application for Plumbing or Drainlaying Permits, applicants must make those submittal requests in person and can not use the FAX PERMIT SYSTEM.

With the implementation of the FAX PERMIT SYSTEM, Plumbers, Drainlayers, & Water Heater Installers will be able to obtain many of their Plumbing and Drainlaying Permits directly from their offices via the fax, saving them valuable time and money.

To use the new FAX PERMIT SYSTEM, Plumbers, Drainlayers, and Water Heater Installers **must have funds on deposit** with the Public Works Accounting Section to draw against and cover the permit fee for the permit requests made via the new FAX PERMIT SYSTEM. We recommend a start-up deposit equivalent to two (2) months of your normal permit fee expenditure but no less than \$500.00. Contact Judy Smith, Accounting Supervisor at (314) 615-7841 to set up an account.

New application forms for both plumbing and drainlaying permits have been created for use with the new FAX PERMIT SYSTEM. The new application forms may be obtained at any of our four office locations and in the near future will be available from our internet web site address <http://www.stlouisco.com/pubworks>.

When faxing electrical permit application requests to the Public Works Department include the following in the order indicated:

- Company Fax Transmittal Form (Indicate number of applications being faxed as a group)
- A completed St. Louis County Permit Application form for each project address (and tenant space).

For application processing via the **FAX PERMIT SYSTEM use Fax No. (314) 615-8701.**

Prepared By:

David R. Kasl
Manager of Permits/Plan Review

Approved By:

Michael E. Werner
Deputy Code Enforcement Director

*St. Louis County Department of Public Works
Division of Code Enforcement*

FAX PERMIT SYSTEM FOR DRAINLAYING PERMITS

Drainlaying permits that can be obtained via the new FAX PERMIT SYSTEM are generally those permits that do not require a plan submittal or additional information from the applicant at the time of the application. In the past these types of permits have been issued as walk-in over-the-counter or mail-in permits. Examples of the types of permits that can be typically requested via the FAX PERMIT SYSTEM are as follows:

- **SEWER REPAIRS AND REPLACEMENT UNDER THE UNINCORPORATED COUNTY SEWER LATERAL PROGRAM** - SL or ESL NUMBER MUST BE REFERENCED ON THE APPLICATION
- **SEWER REPAIRS AND REPLACEMENT OTHER THAN UNDER THE UNINCORPORATED COUNTY SEWER LATERAL PROGRAM**
- **SEPTIC SYSTEM REPAIR** - HEALTH DEPARTMENT APPROVAL FOR FAILING SYSTEM REPAIR MUST BE ON FILE WITH PUBLIC WORKS
- **SEPTIC BYPASS PROVIDED INSPECTION HAS BEEN PERFORMED & PLUMBING PERMIT (IF REQUIRED) HAS BEEN ISSUED OR IS FILED CONCURRENTLY WITH THE SEPTIC BYPASS APPLICATION - SAME SIZE OR GREATER**
- **NEW SANITARY or STORM SEWERS ALREADY REVIEWED AND APPROVED BY MSD** - MSD P-NUMBER MUST BE REFERENCED ON THE APPLICATION & PUBLIC WORKS MUST HAVE MSD APPROVAL LETTER ON FILE

*St. Louis County Department of Public Works
Division of Code Enforcement*

**ST. LOUIS COUNTY PERMIT APPLICATION INSTRUCTIONS
FOR FAXED PLUMBING & DRAINLAYING PERMIT REQUESTS**

In order to ensure timely processing of your faxed application for permit please make sure that your application is complete and that the information provided is accurate. **Please type or print legibly all information except for the signature required.**

REMEMBER - YOU MAY TYPE YOUR PERMIT INFORMATION DIRECTLY ON THE APPLICATION FORM. PLEASE SEE PAGE 5 FOR INSTRUCTIONS.

Date of Application

Insert the date in which your application will be presented to and received by the Department of Public Works.

Project Address & Zip Code

Insert the street number and street name that is or will be the address of the building/project including the suite number or floor location, as well as, the zip code for the address.

Unincorporated County or Municipality

Either check the box Unincorporated (if the building/project is located in Unincorporated County) or insert the Name of the Municipality where it is located. Note: This is determined by jurisdiction boundary lines, not post office zip code locations.

Subdivision and Lot Number

If known, provide the name of subdivision and lot number. If the building complex or center has a name (i.e. Ozark Business Center) indicate the name.

Description of Work

Provide a general description of the scope construction work involved.

Property Owner

Complete information (name, address, etc.) regarding the owner of the building located at this project address. Property ownership and jurisdiction location can be obtained from the County Revenue Department's internet web sit address <http://revenue.stlouisco.com>

Tenant

Indicate the name of the tenant or business and indicate if it is an existing or new tenant/business.

Type of Work

Check the appropriate box that best describes the type of building/project or work proposed.

Type of Structure

- If Residential, check the appropriate box on the application that describes as closely as possible the use/type of the building.
- If Commercial, check the appropriate box on the application which describes as closely as possible, the use/type of the building.
- If Non-Habitable, check the appropriate box which best describes the use/type of structure.

Plumbing/Drainlaying

Indicate the scope of work being done by completing the Plumbing or Drainlaying Box on the application, including the total project scope of work and the estimated cost of the plumbing or drainlaying construction work at the bottom.

Plumbing/Water Heater/Drainlaying Contractor, License Number, and Signature

Complete the Plumbing/Drainlayer Contractor line at the bottom of the application, including providing the license number, signature, and printed name of the License Holder.

INSTRUCTIONS FOR PERMIT APPLICATION PROCESSING BY FAX

When faxing plumbing or drainlaying permit application requests to the Public Works Department include the following in the order indicated:

- Company Fax Transmittal Form (Indicate number of applications being faxed as a group)
- A completed St. Louis County Permit Application Form for each project address (and tenant space).

For application processing via the **FAX PERMIT SYSTEM use Fax No. (314) 615-8701.**

Upon completion of the processing of the permit applications within each group, Public Works will return a copy of the Permit Application Form indicating the permit number and fee amount for each address. While somewhat dictated by the number of requests received daily it is Permit Processing's goal to issue applications received before 3:00 p.m. the same day.

To use the new FAX PERMIT SYSTEM, Plumbers, Drainlayers, and Water Heater Installers **must have funds on deposit** with the Public Works Accounting Section to draw against and cover the permit fee for the permit requests made via the new fax system. We recommend a start-up deposit equivalent to two (2) months of your normal permit fee expenditure but no less than \$500.00.

OTHER GENERAL INFORMATION

Inspection Information

To schedule inspections via the Automated Inspection Request System call 615-INSP (or 615-4677). The Permittee is responsible for scheduling inspections.

Plumbing and Drainlaying Permit Fees

The permit fee for each permit will be based on the fee schedules contained in St. Louis County Ordinance 19870. The Ordinance may be accessed through the County's computer web site at map.stlouisco.com, County Council Archives Ordinances. (Use number 19870 for the Ordinance search.)

Uncertified copies of Ordinance 19870 extracts may be purchased from the St. Louis County of Public Works for a fee. For additional information about obtaining uncertified copies call (314) 615-5184.

*St. Louis County Department of Public Works
Division of Code Enforcement*

**INSTRUCTIONS FOR TYPING INFORMATION
DIRECTLY ON THE PERMIT APPLICATION
IN ADOBE ACROBAT READER**

To type your information directly on the application:

- 1) Choose the "Hand Tool" located on the button bar above the application.
- 2) With the "Hand Tool", move your mouse to the first blank after "Date of Application" and left click on your mouse. **If you are having problems filling in the form (your text does not display), check that you have Acrobat 4.0 Reader installed. Acrobat 3.0 Reader may cause the display problem.**
- 3) Type the month, then tab to the day, type the day, tab to year, etc. Continue tabbing through the application to complete the necessary information.
- 4) When you have completed filling in the information on the application, please choose "File" - Page Setup - and change the paper size to "Legal". **THIS FORM MUST BE PRINTED ON LEGAL SIZE PAPER.**
- 5) Print out the application on legal paper and follow the instructions included with the permit application for Faxing the permit to Public Works.
- 6) **After you print out the application and have verified your typed information is correct, please press the "RESET FORM" button at the bottom or top of the page.** The "Reset Form" button will clear out all the information you typed and allow you to enter new information for another application.

ST. LOUIS COUNTY PERMIT APPLICATION

FOR

DRAINLAYING 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 | RESIDENTIAL <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 _____ | COMMERCIAL ASSEMBLY <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 BUSINESS <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 EDUCATION <input checked="" type="checkbox"/> 0301 SCHOOLS <input checked="" type="checkbox"/> 0302 CHILD DAY CARE FACTORY AND INDUSTRIAL <input checked="" type="checkbox"/> 0401 MANUFACTURING PLANT <input checked="" type="checkbox"/> 0402 INDUSTRIAL LABS <input checked="" type="checkbox"/> 0403 UTILITIES HIGH HAZARD <input checked="" type="checkbox"/> 0501 FLAM. & COMB. LIQUIDS STORAGE OR MANUFACTURER <input checked="" type="checkbox"/> 0502 TIRE STORAGE (BULK) INSTITUTIONAL <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 MERCANTILE <input checked="" type="checkbox"/> 0701 RETAIL/WHOLESALE/STORES <input checked="" type="checkbox"/> 0702 SERVICE STATION <input checked="" type="checkbox"/> 0703 MARKETS STORAGE <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 | NON-HABITABLE <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 | LOC. NO. _____ PERMIT NO. _____ TYPE _____ |
| DRAINLAYING | | | | |
| SANITARY MAIN FOOTAGE _____ SANITARY BUILDING FOOTAGE _____ STORM MAIN FOOTAGE _____ STORM BUILDING FOOTAGE _____ STORM CATCH BASINS (NO.) _____ MANHOLES (NO.) _____ SEPTIC TANK or TREATMENT PLANT VOLUME _____ SEWAGE EFFLUENT DISPOSAL SYSTEM: <input checked="" type="checkbox"/> ABSORPTION FIELD <input checked="" type="checkbox"/> DRIP IRRIGATION <input checked="" type="checkbox"/> EVAPORATION/IRRIGATION <input checked="" type="checkbox"/> OTHER BYPASS SEPTIC <input checked="" type="checkbox"/> YES, Plumbing Permit # _____ SEWER REPAIR <input checked="" type="checkbox"/> YES, S. Lateral Repair # _____ SPECIAL ITEM(S): _____ _____ CODE CORRECTION WORK <input checked="" type="checkbox"/> YES, FT. _____ MSD P# _____ TOTAL PROJECT SCOPE OF WORK: DRAINLAYING WORK ONLY <input checked="" type="checkbox"/> YES BUILDING WITH DRAINLAY. WORK <input checked="" type="checkbox"/> YES County Bldg. Permit # _____ EST. COST OF DRAINLAY. CONST. \$ _____ | | FOR OFFICE USE <input checked="" type="checkbox"/> MP52 T FOR OFFICE USE FIRE DIST. _____ PERMIT FEES PROCESSING _____ DRAINLAY. _____ INSPECTION _____ PENALTY _____ TOTAL _____ FEES PAID _____ DATE ISSUED ____/____/____ ISSUED BY _____ APPROVALS & DATE PLAN REV. _____ BOX NO. _____ | | |

I CERTIFY THAT I AM THE LICENSE HOLDER 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.

| | | | |
|----------------------------------|----------|----------|---------------|
| DRAINLAY. CONTR. NAME & ADDRESS: | TEL. NO. | LIC. NO. | SIGNATURE: |
| | FAX NO. | DATE: | PRINTED NAME: |
| | EMAIL | | |