

## ANNOUNCEMENT

### FAX PERMIT SYSTEM FOR ELECTRICAL 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 Electrical Permits for the type and scope of electrical 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 the types of permit requests which can be faxed. When construction documents or other information must be provided in support of an application for Electrical Permit, applicants must make those submittal requests in person and can not use the FAX PERMIT SYSTEM.

With the implementation of the FAX PERMIT SYSTEM, Electrical Contractors will be able to obtain many of their Electrical Permits directly from their offices via the fax, saving them valuable time and money.

To use the new FAX PERMIT SYSTEM, Electrical Contractors **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.

A new application form for electrical permits (including communication and low voltage) has been created for use with the new FAX PERMIT SYSTEM. The new application form 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:

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Approved By:

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10/18/00

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

## **FAX PERMIT SYSTEM FOR ELECTRICAL PERMITS**

Electrical 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:

- Replacement, alteration, or installation of branch circuits, electrical equipment, appliances, or devices within existing buildings and facilities other than those having hazardous (classified) locations or patient care, where a County Building or Mechanical Permit is not being issued and where the service is not being changed except as allowed below.
- Replacement of existing service entrance and/or distribution panel(s) with same size for services totaling less than 1000 amps provided the voltage does not exceed 600 volts.
- New electrical construction service entrance, distribution panel(s), and electrical distribution system wiring for services less than 600 amps provided the voltage does not exceed 600 volts when located in a Municipality where County does Electrical Code Enforcement only.
- Temporary poles for electrical power during construction.
- New or replacement low-voltage wiring for communications (phone, TV, data, etc.) and security notification systems.
- All single-family residential wiring for houses located in a Municipality where the County does Electrical Code Enforcement but not Building Code except where new service is 600 amps or more.
- All pre-approved commercial projects which already have electrical plan review approval as part of the building or mechanical permit process. Applicant must reference the building or mechanical permit number on the application.

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

**ST. LOUIS COUNTY PERMIT APPLICATION INSTRUCTIONS  
FOR FAXED ELECTRICAL 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.

## **Electrical**

Indicate the scope of work being done by completing the Electrical Box on of the application, including the total project scope of work and the estimated cost of the electrical construction work at the bottom.

## **Electrical Contractor, License Number, and Signature**

Complete the Electrical Contractor line at the bottom of the application, including providing the license number, signature, and printed name of the License Holder or authorized Licensee's agent.

## **INSTRUCTIONS FOR PERMIT APPLICATION PROCESSING BY FAX**

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**.

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, Electrical Contractors **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.

### **Electrical 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](http://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 PERMIT APPLICATION

## FOR

# ELECTRICAL PERMITS

PERMIT PROCESSING, 6<sup>TH</sup> 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;"><b>RESIDENTIAL</b></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;"><b>COMMERCIAL</b></p> <p><b>ASSEMBLY</b></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><b>BUSINESS</b></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><b>EDUCATION</b></p> <input checked="" type="checkbox"/> 0301 SCHOOLS <input checked="" type="checkbox"/> 0302 CHILD DAY CARE <p><b>FACTORY AND INDUSTRIAL</b></p> <input checked="" type="checkbox"/> 0401 MANUFACTURING PLANT <input checked="" type="checkbox"/> 0402 INDUSTRIAL LABS <input checked="" type="checkbox"/> 0403 UTILITIES <p><b>HIGH HAZARD</b></p> <input checked="" type="checkbox"/> 0501 FLAM. & COMB. LIQUIDS STORAGE OR MANUFACTURER <input checked="" type="checkbox"/> 0502 TIRE STORAGE (BULK) <p><b>INSTITUTIONAL</b></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><b>MERCANTILE</b></p> <input checked="" type="checkbox"/> 0701 RETAIL/WHOLESALE/STORES <input checked="" type="checkbox"/> 0702 SERVICE STATION <input checked="" type="checkbox"/> 0703 MARKETS <p><b>STORAGE</b></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;"><b>NON-HABITABLE</b></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;"><b>FOR OFFICE USE</b></p> FIRE DIST. _____  <p style="text-align: center;"><b>PERMIT FEES</b></p> PROCESSING _____ ELECTRICAL _____ INSPECTION _____ PENALTY _____ TOTAL _____ FEES PAID _____ DATE ISSUED _____/_____/_____ ISSUED BY _____  <p style="text-align: center;"><b>APPROVALS &amp; DATE</b></p> PLAN REV. _____ BOX NO. _____
<p style="text-align: center;"><b>ELECTRICAL</b></p> <p><b>SERVICE/POWER DISTRIBUTION:</b></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><b>COMMUNICATION/LOW VOLTAGE:</b></p> AMPLIFIERS # _____ ANTENNAS # _____ DATA # _____ TELEPHONES # _____ FIRE/BURGLAR # _____ CABLE TV OUT. # _____ X-RAYS # _____ DETECTORS # _____ SPEAKERS # _____ THERMOSTATS # _____ <p><b>SPECIAL ITEM(S):</b></p> _____ QTY _____ _____ QTY _____ _____ QTY _____ <p><b>TOTAL PROJECT SCOPE OF WORK:</b></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;"><b>FOR OFFICE USE ONLY</b></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		