

CITY OF BALLWIN
CODE ENFORCEMENT DEPT

14811 Manchester Road
Ballwin, MO 63011

(636) 227-2129
FAX (636) 207-2360

ELECTRICAL
PERMIT/APPLICATION

REF BUILDING PERMIT # _____

ALL INFORMATION PERTAINING TO THE WORK
INVOLVED SHOULD BE INCLUDED ON THIS APPLICATION.

APPLICATION DATE _____

JOB ADDRESS _____

Owner/ Business Name:	Phone:
Address:	
Subdivision / Shopping Center:	Lot / Unit #

Contractor:	Phone:
Address:	StLCo Lic #:
City / State / Zip	Email:

Description of work: _____

PREMISE #: _____

TYPE OF STRUCTURE:

- Commercial
- Residential
- Accessory

TYPE OF WORK:

- New Construction
- Addition
- Alteration
- Foundation
- Replacement
- Repair
- Shell
- Interior/Basement Finish
- Fire/Storm/Other Damage
- Occupancy
- Misc: _____

SCOPE OF WORK:

- Electrical work only
- Bldg/mech with elec work

SERVICE / POWER DISTRIBUTION

SERVICE: PERMANENT TEMP ON POLE
 UNDERGROUND OVERHEAD

AMPS _____ VOLTS _____ WIRE _____ PHASE _____

OUTLETS# _____ TRANSFORMERS.....# _____

SUBPANELS# _____ HEATERS.....# _____
Amps _____ Heater KW (Total) _____

MOTORS / AC ≥ 5HP _____ MOTORS / AC < 5HP _____

CODE CORRECTION WORK YES# _____

COMMUNICATIONS / LOW VOLTAGE

Amplifiers# _____ Antennas.....# _____

Data# _____ Telephones# _____

Fire/Burglar# _____ Cable TV Out.....# _____

X-Rays# _____ Detectors# _____

Speakers# _____ Thermostats.....# _____

SPECIAL ITEMS

_____ # _____
_____ # _____
_____ # _____

FEES

Permit Processing Fee..... \$ 22.00
Plan Review Fee \$ 23.00
Inspection Fee \$ 41.00

MINIMUM FEES:

No plan review:
1 inspection..... \$ 63.00
2 inspections..... \$ 104.00

Plan review, plus:
1 inspection..... \$ 86.00
2 inspections..... \$ 127.00

OFFICE USE ONLY

FEE	TOTAL
Processing	_____
Plan Review	_____
Inspections	_____
Electrical.....	_____
Total.....	_____
Fees Paid	_____

PLEASE CALL FOR INSPECTION A MINIMUM OF 24 HOURS IN ADVANCE OF THE TIME THE INSPECTION IS NEEDED.
APPOINTMENTS WILL BE SCHEDULED BASED ON AVAILABILITY.

The Department reserves the right to reject any work which has been concealed or completed without first having been inspected and approved by the Department in accordance with the requirements of the Elec-trical Code. I hereby certify that the proposed work is authorized by the owner of record, and I have been authorized by the owner to make this application as his authorized agent.

Signature of applicant: _____

Permit approved by: _____

PERMIT # E _____

DATE ISSUED: _____



CREDIT CARD PAYMENT FORM

FAX

EMAIL

Inspections: (636) 227-2129

Fax: (636) 207-2360

Email: inspections@ballwin.mo.us

PLEASE NOTE:
We do not accept payment over the phone.

- MASTERCARD
- VISA
- DISCOVER

<i>CARD NUMBER</i>
<i>EXPIRATION DATE (MM/YY):</i>

	<i>TRANSACTION TYPE</i>	<i>AMOUNT</i>	<i>REF # OFFICE USE ONLY</i>
√	HOUSING INSPECTION	\$ 100	
	APT INSPECTION	\$ 30	
	PERMIT		
	ESCROW DEPOSIT		
	LICENSE		

NAME AND ADDRESS ON THE CREDIT CARD BILLING STATEMENT

NAME ON CARD	
STREET ADDRESS	
CITY/STATE	ZIP

CARDHOLDER SIGNATURE X	
EMAIL ADDRESS:	DATE
DAYTIME PHONE NUMBER	