



CITY OF BALLWIN

14811 Manchester Rd. ♦ Ballwin, MO 63011
(636) 227-2129 FAX (636) 207-2360

MECHANICAL PERMIT/APPLICATION

APPLICATION DATE _____ JOB ADDRESS _____

Owner Name	Phone #
Address	Email:

Contractor Name	Phone #
Address	Email:

All commercial work must be done by an ICC or St. Louis County licensed contractor or individual. Applicant must show proof of certification or license.

(License # _____)

- | | | |
|---------------------------------------|--------------------------------------|-----------------------------------|
| TYPE OF WORK: | SCOPE OF WORK: | FUEL TYPE: |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> New | <input type="checkbox"/> Gas |
| <input type="checkbox"/> Multi-Family | <input type="checkbox"/> Alteration | <input type="checkbox"/> Oil |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Replacement | <input type="checkbox"/> Electric |
| | | <input type="checkbox"/> Coal |
| | | <input type="checkbox"/> Wood |

Description/Size of work:

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.

FEES: Permit processing fee: **\$25.00**
 Plan review fee (if plans are submitted) \$50 _____

Residential: Heating or AC equipment replacement (includes 1 inspection)..... \$50 _____
 Fireplace / Gas Logs (includes 1 inspection)..... \$50 _____
 Other (boiler, kitchen hood, hazardous exhaust system)..... _____

Commercial: AC / Air Handling Equipment
 Up to 10,000 CFM \$25 _____
 10,001-15,000 \$35 _____
 Over 15,000..... \$45 _____

Refrigeration Systems
 Up to 100 tons \$25 _____
 101 to 300..... \$35 _____
 Over 300..... \$45 _____

Inspection Fees: Rough..... \$25 _____
 Final..... \$25 _____
 Additional Inspections (#____) X \$25 _____

Total Fee:.....

By signing this application, you hereby certify that you have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of applicant: _____

Permit approved by: _____

PERMIT #

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	