

CITY OF BALLWIN

14811 Manchester Road, Ballwin, MO 63011

Phone: (636) 227-2129

Fax: (636) 207-2360

**PLUMBING & DRAIN LAYING
PERMIT / APPLICATION**

REF BUILDING PERMIT / SLRP #

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

APPLICATION DATE _____ JOB ADDRESS _____

Homeowner/Business Name	Phone #
Address	Email:

Contractor Name	Phone #
Address	Email:

SCOPE OF WORK

THIS PERMIT IS TO COVER THE FOLLOWING WORK:

	TYPE	SIZE	# OF INSP
<input type="checkbox"/> New	INSTALLATION:	<input type="checkbox"/> Ground Rough <input type="checkbox"/> (check if for future installations)	_____
<input type="checkbox"/> Remodel		<input type="checkbox"/> Stack Rough <input type="checkbox"/> (check if for future installations)	_____
<input type="checkbox"/> Repair		<input type="checkbox"/> Final	_____
	WATER:	<input type="checkbox"/> Service Connection	_____
		<input type="checkbox"/> Service Repair / Removal	_____
	BUILDING DRAIN:	<input type="checkbox"/> Repair	_____
	BUILDING SEWER / SEWER LATERAL:	<input type="checkbox"/> Sewer Lateral	_____
		<input type="checkbox"/> Service Connection	_____
		<input type="checkbox"/> Building Sewer / Sewer Lateral Repair	_____
		<input type="checkbox"/> Building Sewer / Sewer Lateral Disconnect	_____
	SEPTIC TANK:	<input type="checkbox"/> Installation / Repair / Destroy	_____
	OTHER:	_____

**PURPLE PRIMER
REQUIRED**

TOTAL NUMBER OF INSPECTIONS _____ X \$20.00: _____
LATERALS - TOTAL LATERAL FEET _____ X \$0.25/ft.: _____

FIXTURES: \$5.00 EACH -- WATER HEATERS \$20.00 EACH

NO.	FEE	NO.	FEE	
Bathtub	_____	Laundry Stack	_____	TOTAL NUMBER OF FIXTURES
Faucet / Hose Bibb	_____	Laundry Tray	_____	
Combination Sink/Tray	_____	Lavatory	_____	_____ @ \$5.00
Dishwasher	_____	Pressure Reducing Valve	_____	
Drinking Fountain	_____	Shower	_____	\$ _____
Floor Drains	_____	Sink	_____	
Garbage Disposal	_____	Urinal	_____	TOTAL FEE
Grease Trap	_____	Water Closet / Bidet	_____	
Kitchen Sink	_____	Water Heaters \$20 each	_____	\$ _____
Backflow Preventer*	_____			

*Backflow Preventer for irrigation system: Name of irrigation system contractor: _____

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 Plumbing 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.

CALL 24 HOURS IN ADVANCE FOR INSPECTIONS INDICATED ABOVE. APPOINTMENTS WILL BE SCHEDULED BASED ON AVAILABILITY.

Signature of Master Plumber/Drain Layer _____ County License No. _____

APPROVED:

PERMIT #

DATE: