



## ADDITIONAL INFORMATION/ REVISED PLANS

CODE ENFORCEMENT DEPT • 1 GOVERNMENT CTR • BALLWIN MO 63011 • (636) 227-2129 • [inspections@ballwin.mo.us](mailto:inspections@ballwin.mo.us)

**TWO SETS OF PLANS AND SPECIFICATIONS SHOWING THE SCOPE OF WORK MUST ACCOMPANY THIS APPLICATION.**

***LACK OF REQUESTED INFORMATION ON THIS FORM MAY CAUSE DELAY OF ISSUANCE FOR THIS PERMIT.***

**PLEASE PRINT CLEARLY.**

PLEASE PRINT CLEARLY.		OFFICE USE ONLY	
DATE SUBMITTED:		PERMIT NUMBER:	
PROJECT TYPE:		PERMIT ISSUED? Y N	FEE: \$
COMMENTS:			

**ADDRESS OF PERMIT WORK:**

HOMEOWNER / BUSINESS NAME:	CONTACT NAME:
ADDRESS:	PHONE:
ZIP CODE:	EMAIL:

**CONTRACTOR:**

CONTACT NAME:
PHONE:

I hereby certify that the information contained in this application and accompanying drawings or plats is correct, and that I will comply with all applicable laws of the City of Ballwin.

The undersigned warrants either (i) the plans have been approved by any applicable Board of Trustees, or other subdivision governing body; or (ii) that there is no relevant subdivision Board or Trustee group for which approval is required.

The undersigned acknowledges that failure to obtain proper subdivision approval may constitute grounds for denial or withdrawal of building permits and/or other city approval required for construction.

OWNER/AGENT/CONTRACTOR: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE RECEIVED:

APPROVED BY: