



BUILDING APPLICATION / PERMIT

CODE ENFORCEMENT DEPT • 1 GOVERNMENT CENTER • BALLWIN MO 63011 • (636) 227-2129 • inspections@ballwin.mo.us

Two sets of plans and specifications showing the scope of work must accompany this application. A plot plan must accompany plans showing free-standing structures or attached additions, indicating dimensions to side and rear property lines and existing structures on property.

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

PLEASE PRINT CLEARLY.

DATE:	OFFICE USE ONLY	
PROJECT:	<input type="checkbox"/> FEE: \$	BAL DUE: \$
ESTIMATED COST:	DEPOSIT (Separate Check Required): \$ ()	

ADDRESS OF REQUESTED PERMIT WORK:		
SUBDIVISION / SHOPPING CENTER:		CONTACT NAME:
HOMEOWNER / BUSINESS NAME:		PHONE:
ADDRESS:	ZIP CODE:	EMAIL:

CONTRACTOR:		CONTACT NAME:
ADDRESS:		PHONE:
CITY/STATE/ZIP:		EMAIL:
Are you a transient employer? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please provide a valid tax clearance from the Missouri Department of Revenue)		

ARCHITECT:		CONTACT NAME:
ADDRESS:		PHONE:
CITY/STATE/ZIP:		EMAIL:

NEW CONSTRUCTION – SINGLE FAMILY RESIDENCE

MASTER PLAN #		LOT #	NO. OF ROOMS:
DIMENSIONS:		SQ FOOTAGE:	NO. OF BEDROOMS:
STORIES:		HEIGHT:	NO. OF BATHS:
GARAGE: <input type="checkbox"/> 1 CAR <input type="checkbox"/> 2 CAR <input type="checkbox"/> 3 CAR <input type="checkbox"/> NOT APPLICABLE			BASEMENT TO BE FINISHED? Y N

RETAINING WALL

NUMBER OF GRID LAYERS:
DISTANCE FROM WALKING SURFACE:

SEPARATE PERMITS REQUIRED (IF CHECKED)

<input type="checkbox"/> PLUMBING PERMIT
<input type="checkbox"/> ELECTRICAL PERMIT
<input type="checkbox"/> MECHANICAL PERMIT

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.

OWNER/AGENT/CONTRACTOR: _____ DATE: _____

DO NOT WRITE IN THIS SPACE OFFICE USE ONLY	SEE ATTACHED HANDOUT: <input type="checkbox"/> DECK <input type="checkbox"/> BASEMENT FINISH <input type="checkbox"/> ROOM ADDITION <input type="checkbox"/> RETAINING WALL <input type="checkbox"/> POOL/HOT TUB BARRIER REQ	► REVIEWED ◀ _____ PLANS EXAMINER Date: _____
---	---	---

PERMIT #

ESCROW MAILED: