



# ELECTRICAL APPLICATION / PERMIT

CODE ENFORCEMENT DEPT · 1 GOVERNMENT CTR · BALLWIN MO 63011 · (636) 227-2129 · FAX (636)207-2320 · inspections@ballwin.mo.us

**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:

THIS PERMIT IS FOR THE FOLLOWING WORK:  RESIDENTIAL  COMMERCIAL: *Cost of Electrical Work:* \_\_\_\_\_  
 NEW  REMODEL  REPAIR  REPLACE

DESCRIPTION OF WORK: \_\_\_\_\_

PREMISE NUMBER: \_\_\_\_\_ NEED DISCONNECT/RECONNECT? Y N DATE: \_\_\_\_\_

INSPECTIONS NEEDED	POWER DISTRIBUTION	SERVICE
<input type="checkbox"/> Rough - Ceiling	___ Alarms	<input type="checkbox"/> Overhead
<input type="checkbox"/> Rough - Trench	___ Amplifiers	<input type="checkbox"/> Underground
<input type="checkbox"/> Rough - Wall	___ Antennas	<input type="checkbox"/> Main Panel ( _____ #)
<input type="checkbox"/> Temp / Pole	___ CCTV	Size (Amps): _____
<input type="checkbox"/> Temp / Perm	___ Data	Phase: _____
<input type="checkbox"/> Final	___ Detectors	Wire: _____
<input type="checkbox"/> Other: _____	___ Outlets/Switches	Voltage: _____
	___ Phones	<input type="checkbox"/> Subpanel ( _____ #)
	___ Speakers	Size (Amps): _____
	___ Thermostats	
	___ Transformers	
	___ X-Rays	
	___ Heaters	
	___ kw (total)	
	___ Motors/AC	
	___ < 5 hp	
	___ ≥ 5 hp	

*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 National Electric Code.*

**ALL ELECTRICAL WORK MUST COMPLY WITH THE 2014 NATIONAL ELECTRIC CODE (NEC)**

**CALL A MINIMUM OF 24 HOURS IN ADVANCE FOR INSPECTIONS INDICATED ABOVE APPOINTMENTS WILL BE SCHEDULED BASED ON AVAILABILITY**

*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 Electrician \_\_\_\_\_ County License No. \_\_\_\_\_

PERMIT PROCESSING FEE:	<b>\$25.00</b>
RESIDENTIAL INSPECTIONS (#) _____ X \$50:	_____
COMMERCIAL FEE (1% OF COST _____):	_____
<b>TOTAL FEE:</b>	_____

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

APPROVED: \_\_\_\_\_

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

PERMIT #

