



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:	\$25.00
INSPECTIONS (#) _____ X \$50:	_____
COMMERCIAL FEE (1% OF COST _____):	_____
TOTAL FEE:	_____

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

APPROVED: _____

DATE: _____

PERMIT #



CREDIT CARD PAYMENT FORM

Inspections: (636) 227-2129
 Fax: (636) 207-2360
 Email: inspections@ballwin.mo.us

FAX EMAIL

PLEASE NOTE:
We do not accept payment over the phone.

- AMERICAN EXPRESS
- DISCOVER
- MASTERCARD
- VISA

<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		
	APT INSPECTION		
	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	