

ELECTRICAL APPLICATION / PERMIT

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:					
	D NEW	□ REMODEL	D REPAIR		□ REPLACE	
DESCRIPTION OF WORK:						
PREMISE NUMBER:	NE	ED DISCONNECT/R	ECONNECT? Y N	DA	TE:	
INSPECTIONS NEEDED	POWE	R DISTRIBUTION			SERVICE	
Rough - Ceiling Deute Transle	Alarms			_	Overhead	
 Rough - Trench Rough - Wall 	Amplifiers Antennas	;	kw (total)		Underground	
Temp / Pole	CCTV Data		Motors/AC [< 5 hp		Main Panel (Size (Amps):	#)
□ Temp / Perm		Detectors Outlets/Switches			Phase: Wire:	
□ Final	Phones Speakers				Voltage:	
□ Other:	Thermostats Transformers X-Rays				Subpanel (Size (Amps):	#)

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:	
APPROVED:	

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY				

DATE: