



DATE: ____

MECHANICAL 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:	
			☐ COMMERCIAL: Cost of Mechanical Work: ☐ REMODEL ☐ REPAIR	
DESCRIPTION OF WORK:				
INSPECTIONS NEEDED		NUMBI	ER / TYPE OF	EQUIPMENT
□ Rough (#)		RESIDENTIAL		COMMERCIAL
□ Final (#)		Air Conditioner Air Handler		AC / AIR HANDLING EQUIPMENT Up to 10,000 CFM
□ Other: (#)	Coil Exhaust Fan Fireplace/Gas Logs		10,001-15000 CFM
				Over 15,000 CFM
ALL MECHANICAL WORK	_	Furnace Heat Pump	· ·	REFRIGERATION SYSTEMS
	MUST BE DONE BY AN		d	Up to 100 tons 101-300 tons
ICC OR ST LOUIS CO LICENSED		Mini Split System		Over 300 tons
CONTRACTOR OR INDIVIDU	JAL	Split System Other:		Rooftop Unit(s)
The Department reserves the right to reject any work which concealed or completed without first having been inspected approved by the Department in accordance with the require the Mechanical Code.	and			
CALL A MINIMUM OF 24 HOURS APPOINTMENTS WILL				
I hereby certify that the proposed work is authorized by the owne	er of record, and I hav	re been authorized by	y the owner to mai	ke this application as his authorized agent.
Signature of Mechanical Contractor	County License N	0.		
PERMIT PROCESSING FEE:	\$25.00	7	DO NOT WRITE	N THIS SPACE – OFFICE USE ONLY
RESIDENTIAL INSPECTIONS (#) X \$50:	-			
COMMERCIAL FEE (1% OF COST):				
TOTAL FEE:				
PPROVED:		_		