



MECHANICAL APPLICATION / PERMIT

CODE ENFORCEMENT DEPT · 1 GOVERNMENT CTR · BALLWIN, MO 63011 · (636) 227-2129 · FAX (636) 207-2360 · 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 Mechanical Work:* _____
 NEW REMODEL REPAIR

DESCRIPTION OF WORK: _____

INSPECTIONS NEEDED NUMBER / TYPE OF EQUIPMENT

- Rough (# _____)
- Final (# _____)
- Other: _____ (# _____)

- | | |
|-------------------------|------------------------------|
| RESIDENTIAL | COMMERCIAL |
| ____ Air Conditioner | AC / AIR HANDLING EQUIPMENT |
| ____ Air Handler | ____ Up to 10,000 CFM |
| ____ Coil | ____ 10,001-15000 CFM |
| ____ Exhaust Fan | ____ Over 15,000 CFM |
| ____ Fireplace/Gas Logs | |
| ____ Furnace | REFRIGERATION SYSTEMS |
| ____ Heat Pump | ____ Up to 100 tons |
| ____ Kitchen Hood | ____ 101-300 tons |
| ____ Mini Split System | ____ Over 300 tons |
| ____ Split System | |
| ____ Other: | ____ Rooftop Unit(s) |

**ALL MECHANICAL WORK
MUST BE DONE BY AN
ICC OR ST LOUIS CO LICENSED
CONTRACTOR OR INDIVIDUAL**

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 Mechanical Code.

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 Mechanical Contractor _____ 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	