

CITY OF BALLWIN

14811 Manchester Road, Ballwin, MO 63011

Phone: (636) 227-2129

Fax: (636) 207-2360

**PLUMBING & DRAIN LAYING
PERMIT / APPLICATION**

REF BUILDING PERMIT / SLRP #

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:

SCOPE OF WORK

THIS PERMIT IS TO COVER THE FOLLOWING WORK:

	TYPE	SIZE	# OF INSP
<input type="checkbox"/> New	INSTALLATION:	<input type="checkbox"/> Ground Rough <input type="checkbox"/> (check if for future installations)	_____
<input type="checkbox"/> Remodel		<input type="checkbox"/> Stack Rough <input type="checkbox"/> (check if for future installations)	_____
<input type="checkbox"/> Repair		<input type="checkbox"/> Final	_____
	WATER:	<input type="checkbox"/> Service Connection	_____
		<input type="checkbox"/> Service Repair / Removal	_____
	BUILDING DRAIN:	<input type="checkbox"/> Repair	_____
	BUILDING SEWER / SEWER LATERAL:	<input type="checkbox"/> Sewer Lateral	_____
		<input type="checkbox"/> Service Connection	_____
		<input type="checkbox"/> Building Sewer / Sewer Lateral Repair	_____
		<input type="checkbox"/> Building Sewer / Sewer Lateral Disconnect	_____
	SEPTIC TANK:	<input type="checkbox"/> Installation / Repair / Destroy	_____
	OTHER:	_____

**PURPLE PRIMER
REQUIRED**TOTAL NUMBER OF INSPECTIONS _____ X \$20.00: _____
LATERALS - TOTAL LATERAL FEET _____ X \$0.25/ft.: _____**FIXTURES: \$5.00 EACH****WATER HEATERS \$20.00 EACH**

	NO.	FEE		NO.	FEE	
Bathtub	_____	_____	Laundry Stack	_____	_____	TOTAL NUMBER OF FIXTURES
Faucet / Hose Bibb	_____	_____	Laundry Tray	_____	_____	
Combination Sink/Tray	_____	_____	Lavatory	_____	_____	@ \$5.00
Dishwasher	_____	_____	Pressure Reducing Valve	_____	_____	\$ _____
Drinking Fountain	_____	_____	Shower	_____	_____	
Floor Drains	_____	_____	Sink	_____	_____	TOTAL FEE
Garbage Disposal	_____	_____	Urinal	_____	_____	
Grease Trap	_____	_____	Water Closet / Bidet	_____	_____	\$ _____
Kitchen Sink	_____	_____	Water Heaters \$20 each	_____	_____	
Backflow Preventer*	_____	_____				

*Backflow Preventer for irrigation system: Name of irrigation system contractor: _____

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 Plumbing Code. 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.

CALL 24 HOURS IN ADVANCE FOR INSPECTIONS INDICATED ABOVE. APPOINTMENTS WILL BE SCHEDULED BASED ON AVAILABILITY._____
Signature of Master Plumber/Drain Layer_____
County License No.

APPROVED:

PERMIT #

DATE:



CREDIT CARD PAYMENT FORM

FAX EMAIL

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

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

- MASTERCARD
- VISA
- DISCOVER

<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	\$ 100	
	APT INSPECTION	\$ 30	
	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	