ELECTRICAL
APPLICATION / PERMIT

CODE ENFORCEMENT DEPT · 1 GOVERNMENT CTR · BALLWIN MO 63011 · (636) 227-2129 · inspections@ballwin.mo.us

ALL INFORMATION PERTAINING TO THE WORK INVOLVED SHOULD BE INCLUDED ON THIS APPLICATION

APPLICATION DATE_____ **JOB ADDRESS** _____

PERMIT #_____

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

- ☐ Rough - Trench
- ☐ Rough - Ceiling
- ☐ Rough - Wall
- ☐ Temp / Pole
- ☐ Temp / Perm
- ☐ Final
- ☐ Other: _____

POWER DISTRIBUTION (#)

- ____ Alarms
- ____ Amplifiers
- ____ Antennas
- ____ CCTV
- ____ Data
- ____ Detectors
- ____ Outlets/Switches
- ____ Phones
- ____ Speakers
- ____ Thermostats
- ____ Transformers
- ____ X-Rays
- ____ Heaters
  - ____ *kw (total)*
- ____ Motors/AC
  - ____< 5 hp
  - ____≥ 5 hp
- ____ Other:

_____

SERVICE

- ☐ Overhead
- ☐ Underground
- ☐ Main Panel (_____#)
  - Size (Amps): _____
  - Phase:_____
  - Wire: _____
  - Voltage: _____
- ☐ 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: $30.00

INSPECTIONS (#) _____ X $50: $_____

COMMERCIAL FEE (1% OF COST $_____): $_____

TOTAL FEE: $_____

APPROVED: _____

DATE: _____

DO NOT WRITE IN THIS SPACE – OFFICE USE ONLY