



MECHANICAL 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 _____

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 REPLACE

DESCRIPTION OF WORK: _____

INSPECTIONS NEEDED	NUMBER / TYPE OF EQUIPMENT
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- Rough (# _____)
- Final (# _____)
- Other: _____ (# _____)

- | RESIDENTIAL | COMMERCIAL |
|---|--|
| <input type="checkbox"/> Air Conditioner
<input type="checkbox"/> Air Handler
<input type="checkbox"/> Coil
<input type="checkbox"/> Exhaust Fan
<input type="checkbox"/> Fireplace/Gas Logs
<input type="checkbox"/> Furnace
<input type="checkbox"/> Heat Pump
<input type="checkbox"/> Kitchen Hood
<input type="checkbox"/> Mini Split System
<input type="checkbox"/> Split System
<input type="checkbox"/> Other: _____ | AC / AIR HANDLING EQUIPMENT
<input type="checkbox"/> Up to 10,000 CFM
<input type="checkbox"/> 10,001-15000 CFM
<input type="checkbox"/> Over 15,000 CFM

REFRIGERATION SYSTEMS
<input type="checkbox"/> Up to 100 tons
<input type="checkbox"/> 101-300 tons
<input type="checkbox"/> Over 300 tons

<input type="checkbox"/> 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:	\$30.00
INSPECTIONS (#) _____ X \$50:	\$ _____
COMMERCIAL FEE (1% OF COST \$ _____):	\$ _____
TOTAL FEE:	\$ _____

DO NOT WRITE IN THIS SPACE – OFFICE USE ONLY

APPROVED: _____

DATE: _____

PERMIT # _____