



PLUMBING & DRAINLAYING 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 Plumbing Work:* _____
 NEW REMODEL REPAIR REPLACE

DESCRIPTION OF WORK: _____

INSPECTIONS NEEDED	NUMBER OF FIXTURES
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- | | |
|---|---|
| <input type="checkbox"/> Ground Rough
<input type="checkbox"/> Stack Rough
<input type="checkbox"/> Final

<input type="checkbox"/> Water Heater
<input type="checkbox"/> Backflow Preventer

<input type="checkbox"/> Water Service Connection
<input type="checkbox"/> Water Service Repair / Removal
<input type="checkbox"/> Sewer Connection
<input type="checkbox"/> Sewer Repair / Removal
<input type="checkbox"/> Drain Repair
<input type="checkbox"/> Stack Repair / Replace
<input type="checkbox"/> Septic Tank Installation / Repair / Destroy

<input type="checkbox"/> Sewer Lateral Repair Program

<input type="checkbox"/> Other: _____ | _____ Bathtub
_____ Faucet/Hose Bibb
_____ Combination Sink/Tray
_____ Dishwasher
_____ Drinking Fountain
_____ Floor Drain
_____ Garbage Disposal
_____ Grease Trap
_____ Kitchen Sink

_____ Laundry Stack
_____ Laundry Tray
_____ Lavatory
_____ Pressure Reducing Valve
_____ Shower
_____ Sink
_____ Urinal
_____ Water Closet/Bidet |
|---|---|

PURPLE PRIMER REQUIRED

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.

**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 Master Plumber/Drain Layer 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 # _____