



PLUMBING & DRAINLAYING 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 Plumbing Work:* _____
 NEW REMODEL REPAIR

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: _____ | <table border="0"> <tr><td>_____ Bathtub</td><td>_____ Laundry Stack</td></tr> <tr><td>_____ Faucet/Hose Bibb</td><td>_____ Laundry Tray</td></tr> <tr><td>_____ Combination Sink/Tray</td><td>_____ Lavatory</td></tr> <tr><td>_____ Dishwasher</td><td>_____ Pressure Reducing Valve</td></tr> <tr><td>_____ Drinking Fountain</td><td>_____ Shower</td></tr> <tr><td>_____ Floor Drain</td><td>_____ Sink</td></tr> <tr><td>_____ Garbage Disposal</td><td>_____ Urinal</td></tr> <tr><td>_____ Grease Trap</td><td>_____ Water Closet/Bidet</td></tr> <tr><td>_____ Kitchen Sink</td><td></td></tr> </table> | _____ Bathtub | _____ Laundry Stack | _____ Faucet/Hose Bibb | _____ Laundry Tray | _____ Combination Sink/Tray | _____ Lavatory | _____ Dishwasher | _____ Pressure Reducing Valve | _____ Drinking Fountain | _____ Shower | _____ Floor Drain | _____ Sink | _____ Garbage Disposal | _____ Urinal | _____ Grease Trap | _____ Water Closet/Bidet | _____ Kitchen Sink | |
| _____ Bathtub | _____ Laundry Stack | | | | | | | | | | | | | | | | | | |
| _____ Faucet/Hose Bibb | _____ Laundry Tray | | | | | | | | | | | | | | | | | | |
| _____ Combination Sink/Tray | _____ Lavatory | | | | | | | | | | | | | | | | | | |
| _____ Dishwasher | _____ Pressure Reducing Valve | | | | | | | | | | | | | | | | | | |
| _____ Drinking Fountain | _____ Shower | | | | | | | | | | | | | | | | | | |
| _____ Floor Drain | _____ Sink | | | | | | | | | | | | | | | | | | |
| _____ Garbage Disposal | _____ Urinal | | | | | | | | | | | | | | | | | | |
| _____ Grease Trap | _____ Water Closet/Bidet | | | | | | | | | | | | | | | | | | |
| _____ Kitchen Sink | | | | | | | | | | | | | | | | | | | |

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:	\$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	