



# 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

- |   |   |
|---|---|
| <input type="checkbox"/> Ground Rough<br><input type="checkbox"/> Stack Rough<br><input type="checkbox"/> Final<br><br><input type="checkbox"/> Water Heater<br><input type="checkbox"/> Backflow Preventer<br><br><input type="checkbox"/> Water Service Connection<br><input type="checkbox"/> Water Service Repair / Removal<br><input type="checkbox"/> Sewer Connection<br><input type="checkbox"/> Sewer Repair / Removal<br><input type="checkbox"/> Drain Repair<br><input type="checkbox"/> Stack Repair / Replace<br><input type="checkbox"/> Septic Tank Installation / Repair / Destroy<br><br><input type="checkbox"/> Sewer Lateral Repair Program<br><br><input type="checkbox"/> Other: _____ | _____ Bathtub<br>_____ Faucet/Hose Bibb<br>_____ Combination Sink/Tray<br>_____ Dishwasher<br>_____ Drinking Fountain<br>_____ Floor Drain<br>_____ Garbage Disposal<br>_____ Grease Trap<br>_____ Kitchen Sink<br><br>_____ Laundry Stack<br>_____ Laundry Tray<br>_____ Lavatory<br>_____ Pressure Reducing Valve<br>_____ Shower<br>_____ Sink<br>_____ Urinal<br>_____ 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:	\$25.00
INSPECTIONS (#) _____ X \$50:	_____
COMMERCIAL FEE (1% OF COST _____):	_____
TOTAL FEE:	_____

DO NOT WRITE IN THIS SPACE – OFFICE USE ONLY

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

PERMIT #