

# PERMIT APPLICATION FOR ELECTRICAL PERMITS

PERMIT PROCESSING

Please type or print legibly in Ink,  
complete all parts and sign  
Application

CITY OF PRGEDRLE  
1420 FERGUSON RVE  
PRGEDRLE, MO 63133

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

COST OF PROJECT: \$ \_\_\_\_\_

Project Address \_\_\_\_\_ Suite/Floor/Apt \_\_\_\_\_ Zip Code \_\_\_\_\_

Municipality Code: **007** Subdivision/Bldg/Center \_\_\_\_\_ Lot Number \_\_\_\_\_

Description of Work \_\_\_\_\_

Property Owner(s) \_\_\_\_\_  
LAST NAME FIRST TELEPHONE NUMBER

STREET ADDRESS CITY STATE ZIP CODE

TENANT/BUSINESS NAME \_\_\_\_\_ EXISTING \_\_\_\_\_ NEW

DATE ISSUED:

PERMISE #

PERMIT NO.

TYPE OF WORK	TYPE OF STRUCTURE (CHECK ONE)		
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<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> REPAIR <input type="checkbox"/> FOUNDATION <input type="checkbox"/> SHELL <input type="checkbox"/> INTERIOR FINISH <input type="checkbox"/> FIRE DAMAGE <input type="checkbox"/> STORM DAMAGE <input type="checkbox"/> OTHER DAMAGE <input type="checkbox"/> OCCUPANCY	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>RESIDENTIAL</b></div> <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> TWO FAMILY <input type="checkbox"/> 3 OR 4 FAMILY <input type="checkbox"/> 5 OR MORE FAMILY <input type="checkbox"/> HOTELS/MOTELS UNITS IN THIS BLDG: _____ UNITS FOR THIS PERMIT _____	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>COMMERCIAL</b></div> <input type="checkbox"/> THEATRES <input type="checkbox"/> RESTAURANT <input type="checkbox"/> NIGHTCLUB <input type="checkbox"/> CHURCHES & OTHER RELIGION <input type="checkbox"/> OFFICE-BANK/PROFESSIONAL <input type="checkbox"/> CARWASH <input type="checkbox"/> CLINIC <input type="checkbox"/> FIRE STATION <input type="checkbox"/> MEDICAL OFFICE <input type="checkbox"/> LABORATORIES <input type="checkbox"/> SCHOOLS <input type="checkbox"/> CHILD CARE <input type="checkbox"/> MANUFACTURING PLANT <input type="checkbox"/> TIRE STORAGE-BULK <input type="checkbox"/> NURSING HOME <input type="checkbox"/> DAY NURSERIES <input type="checkbox"/> HOSPITALS <input type="checkbox"/> JAILS <input type="checkbox"/> RETAIL/WHOLESALERS <input type="checkbox"/> GAS STATIONS <input type="checkbox"/> FOOD MARKETS <input type="checkbox"/> OFFICE/WAREHOUSE <input type="checkbox"/> LUMBER YARD <input type="checkbox"/> REPAIR GARAGE <input type="checkbox"/> PARKING GARAGE	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>NON-HABITABLE</b></div> <input type="checkbox"/> TANKS <input type="checkbox"/> RETAINING WALLS <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> ATTACHED GARAGE <input type="checkbox"/> CARPORT <input type="checkbox"/> SHED <input type="checkbox"/> ANTENNAS <input type="checkbox"/> RES GREENHOUSES <input type="checkbox"/> PARKING LOT <input type="checkbox"/> SIGNS <input type="checkbox"/> PATIO/DECK/PORCH <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> FIREPLACE <input type="checkbox"/> OTHER
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**ELECTRICAL**

	QTY		QTY
SERVICE _____		GENERATOR _____	
TEMP _____		DETECTORS _____	
PERM _____		WATER HTR _____	
OVERHEAD _____		OVENS _____	
UNDERGRD _____		WASHERS _____	
AMPS _____		DRYERS _____	
VOLTS _____		RANGES _____	
WIRE _____		COMMUNICATIONS	
PHASE _____		AMPLIFIERS _____	
RE-CONNECT _____		FIRE ALARM _____	
METER _____		BUGLAR _____	
RECEPTACLES _____		STROBE LIGHTS _____	
CIRCUITS _____		LOW VOLTAGE _____	
TRANSFORMER _____		ANTENNAS _____	

**FOR OFFICE USE**

PERMIT FEES \_\_\_\_\_

PROCESSING \_\_\_\_\_

TRANSFER FEE \_\_\_\_\_

ELECTRICAL \_\_\_\_\_

INSPECTIONS \_\_\_\_\_

PENALTY \_\_\_\_\_

TOTAL \_\_\_\_\_

FEES PAID \_\_\_\_\_

**Approvals and Date:**

Plan Review: \_\_\_\_\_ Date: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

On Hold \_\_\_\_\_

Continue on reverse side

I certify that I am a Saint Louis County license holder and I am the authorized agent applying for this permit with an agreement from the owner/lessee to perform this work. The scope and cost estimates are true and correct. I further understand that I am responsible for all inspections required under this permit.

**All permits are good for 6-months from the date of issue**

**GENERAL CONTRACTOR/BUILDER/STRUCTURAL**

Contractor's Name: \_\_\_\_\_ St Louis County License # \_\_\_\_\_  
Address/City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**MECHANICAL/HVAC**

Contractor's Name: \_\_\_\_\_ St Louis County License # \_\_\_\_\_  
Address/City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**ELECTRICAL/ALARM/LOW VOLTAGE/COMMUNICATIONS**

Contractor's Name: \_\_\_\_\_ St Louis County License # \_\_\_\_\_  
Address/City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**PLUMBER/DRAINLAYER**

Contractor's Name: \_\_\_\_\_ St Louis County License # \_\_\_\_\_  
Address/City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_