

PERMIT APPLICATION FOR PLUMBING PERMITS

CITY OF PAGEDALE
1420 FERGUSON AVE.
PAGEDALE, MO 63133

PERMIT PROCESSING

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

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:

PERMIT NO. _____

TYPE OF WORK	TYPE OF STRUCTURE (CHECK ONE)		
<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; display: inline-block;">RESIDENTIAL</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; display: inline-block;">COMMERCIAL</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; display: inline-block;">NON-HABITABLE</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

PLUMBING/DRAINLAYING

	QTY		QTY
WTR CLOSET	_____	BATHTUB	_____
BIDET	_____	SHOWER	_____
LAVATORIES	_____	FLR DRAINS	_____
KITCHEN SINK	_____	DISPOSAL	_____
DISHWASHER	_____	WTR SVC	_____
WATER HTR	_____	DRINK FOUN	_____
URINAL	_____	LAUND DRN	_____
AUTOPSY	_____	GREASE TRAP	_____
EMBALM TBL	_____	STOR BOILER	_____
SERV SINKS	_____	EXCAVATION	_____
ROOF DRAIN	_____	TRENCH	_____
SUMP PUMP	_____	STORM MAIN	_____
SEPTIC TANK	_____	SAINTARY	_____
DRAIN FIELDS	_____	Other: _____	_____

FOR OFFICE USE

PERMIT FEES _____

TRANSFER FEE: _____

PROCESSING _____

PLUMBING _____

DRAINLAYING _____

INSPECTIONS _____

PENALTY _____

TOTAL _____

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/BUILDER/STRUCTURAL

Contractor's Name: _____ St Louis County License # _____
Address: _____
Telephone: _____ Fax: _____ Cell: _____
Email: _____ Website: _____
Signature: _____ Print Name: _____

MECHANICAL/HVAC

Contractor's Name: _____ St Louis County License # _____
Address: _____
Telephone: _____ Fax: _____ Cell: _____
Email: _____ Website: _____
Signature: _____ Print Name: _____

ELECTRICAL/ALARM

Contractor's Name: _____ St Louis County License # _____
Address: _____
Telephone: _____ Fax: _____ Cell: _____
Email: _____ Website: _____
Signature: _____ Print Name: _____

PLUMBER/DRAINLAYER

Contractor's Name: _____ St Louis County License # _____
Address: _____
Telephone: _____ Fax: _____ Cell: _____
Email: _____ Website: _____
Signature: _____ Print Name: _____