



# APPLICATION FOR ELECTRICAL PERMIT

Complete all sections on both pages except for the two sections marked "For Office Use".

Application Date \_\_\_\_\_

**PROJECT INFORMATION & LOCATION:**

Project Type: <input type="checkbox"/> Commercial, <input type="checkbox"/> Multifamily, <input type="checkbox"/> Residential		Project Name: _____	
Work Type: <input type="checkbox"/> Cable TV, <input type="checkbox"/> Electrical, <input type="checkbox"/> Electrical Partial			
Project Address _____		Unit/Suite/Floor _____	Zip Code _____
Locator/ Parcel No. _____	Subdivision or Building/Center Name _____	Lot No. _____	
<input type="checkbox"/> Unincorporated County, or Municipality _____		Fire District _____	

**WORK DESCRIPTION:**

*Brief description of electrical construction scope of work:
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**OWNER/TENANT INFORMATION:**

Property Owner _____					
	Last Name	First	Telephone	Fax	Email
Owner's Address _____					
	Street Address	City	State	Zip Code	
Tenant/Business Name _____ <input type="checkbox"/> Existing, <input type="checkbox"/> New*					
*If a New Tenant/Business indicate the Previous Tenant/Business Use _____					

**ARCHITECT/ENGINEER INFORMATION:**

Name & Address _____	Telephone _____	Fax _____	Email _____
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**PRIMARY CONTACT INFORMATION IF OTHER THAN APPLICANT:**

Name & Address _____	Telephone _____	Fax _____	Email _____
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**APPLICANT CERTIFICATION & INFORMATION**

I CERTIFY THAT I AM THE OWNER IN FEE OR AGENT AUTHORIZED TO APPLY FOR THIS PERMIT, THAT I HAVE AN AGREEMENT WITH THE OWNER/LESSEE TO PREFORM THIS WORK; AND THAT I AM AUTHORIZED TO AND DO CONSENT TO ENTRY ONTO THE PREMISES BY ST. LOUIS COUNTY EMPLOYEES FOR INSPECTION OF WORK PERFORMED UNDER THIS PERMT. THE SCOPE OF WORK INDICATED AND COST ESTIMATES ARE TRUE AND CORRECT.

IF A PARTIAL PERMIT IS BEING REQUESTED, I REQUEST AUTHORIZATION TO PROCEED WITH THE CONSTRUCTION INDICATED IN ORDER TO ALLOW CONSTRUCTION TO COMMENCE. I ACKNOWLEDGE THAT IF AUTHORIZATION IS GIVEN THAT I WILL BE PROCEEDING AT MY OWN RISK WITHOUT ASSURANCE THAT A PERMIT FOR THE ENTIRE WORK OR STRUCTURE WILL BE GRANTED. I AM RELEASING ALL LIABILITY, INDEMNIFYING AND HOLDING HARMLESS ST. LOUIS COUNTY, ITS OFFICERS, EMPLOYEES, AGENTS, AND ANY ASSIGNS FOR ANY EXPENSE, ERROR, OR OMISSION RESULTING IN SUCH ISSUANCE. SHOULD IT BE DETERMINED AT ANY TIME BY ST. LOUIS COUNTY THAT THE AUTHORIZED CONSTRUCTION NEEDS TO BE REMOVED, MOVED, CORRECTED, OR MODIFIED IN ANY FASHION, THAN SUCH REMOVAL OR CORRECTIVE WORK WILL BE AT OUR EXPENSE.

Contractor Name & Address _____	Tel No. _____	Lic # _____	Signature _____
	Fax # _____	Date _____	Printed Name _____
	Email _____		

Applicant Other Than Contractor     Owner,     Architect,     Engineer,     Tenant,     Other \_\_\_\_\_

Name & Address _____	Tel # _____	Reg # _____	Signature _____
	Fax # _____	Date _____	Printed Name _____
	Email _____		

Note: Licensed Contractor must sign application before permit can be issued.

PERMIT NO. \_\_\_\_\_

TYPE OF WORK	TYPE OF STRUCTURE					
<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/Storm Damage <input type="checkbox"/> Occupancy <input type="checkbox"/> Miscellaneous Work	<p style="text-align: center;"><b>RESIDENTIAL</b></p> <input type="checkbox"/> Single-Family <input type="checkbox"/> Two-Family <input type="checkbox"/> Townhouse(s)  <small>Note: Two-Family and Townhouse type buildings must have independent dwelling units with individual entrances. No common areas.</small>	<p style="text-align: center;"><b>MULTI-FAMILY</b></p> <input type="checkbox"/> 3 or 4 Multi-Family <input type="checkbox"/> 5 or more Multi-Family  Units/Building _____ Units/Permit _____  <small>Note: Multi-Family buildings have common areas such as common entry stairs, corridors, hallways, breezeways, and/or common basement areas.</small>	<p style="text-align: center;"><b>COMMERCIAL</b></p> <p><b>ASSEMBLY</b></p> <input type="checkbox"/> Theatres <input type="checkbox"/> Restaurant <input type="checkbox"/> Night Club <input type="checkbox"/> Churches/Religious <input type="checkbox"/> Recreation Center <input type="checkbox"/> Exhibition Hall <input type="checkbox"/> Banquet Center <input type="checkbox"/> Taverns & Bars <p><b>BUSINESS</b></p> <input type="checkbox"/> Office/Bank/Professional <input type="checkbox"/> Carwash <input type="checkbox"/> Clinic <input type="checkbox"/> Fire Station <input type="checkbox"/> Doctor's Offices <input type="checkbox"/> Laboratories <p><b>EDUCATION</b></p> <input type="checkbox"/> Schools <input type="checkbox"/> Child Day Care <p><b>FACTORY/INDUSTRIAL</b></p> <input type="checkbox"/> Manufacturing Plant <input type="checkbox"/> Industrial Laboratories <input type="checkbox"/> Utilities <p><b>HIGH HAZARD</b></p> <input type="checkbox"/> Flam. & Comb. Liquids Storage or Manufacturer <input type="checkbox"/> Tire Storage (Bulk) <input type="checkbox"/> Other High-Hazard Storage or Manufacturer <p><b>INSTITUTIONAL</b></p> <input type="checkbox"/> Nursing Home <input type="checkbox"/> Day Nurseries <input type="checkbox"/> Hospitals <input type="checkbox"/> Jails <input type="checkbox"/> Residential Care and Assisted Living <p><b>MERCANTILE</b></p> <input type="checkbox"/> Retail/ Wholesale/Stores <input type="checkbox"/> Service Station <input type="checkbox"/> Markets <p><b>RESIDENTIAL</b></p> <input type="checkbox"/> Dormitories <input type="checkbox"/> Hotels/Motels <p><b>STORAGE</b></p> <input type="checkbox"/> Office/Warehouse <input type="checkbox"/> Lumber Yard <input type="checkbox"/> Repair Garage <input type="checkbox"/> Parking Garage	<p style="text-align: center;"><b>NON-HABITABLE</b></p> <input type="checkbox"/> Antennas <input type="checkbox"/> Attached Garage <input type="checkbox"/> Barn <input type="checkbox"/> Carport <input type="checkbox"/> Detached Garage <input type="checkbox"/> Fence <input type="checkbox"/> Fireplace <input type="checkbox"/> Generators <input type="checkbox"/> Patio Cover <input type="checkbox"/> Patio/Deck/Porch <input type="checkbox"/> Pergola <input type="checkbox"/> Res. Greenhouse <input type="checkbox"/> Retaining Walls <input type="checkbox"/> Shed <input type="checkbox"/> Signs <input type="checkbox"/> Solar Panel/Array <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Tanks <input type="checkbox"/> Tower <input type="checkbox"/> Trash Enclosure <input type="checkbox"/> Other  <input type="checkbox"/> Parking Lot		
<b>ELECTRICAL</b>						
<table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top; border: none;"> <p><b>Service / Power Distribution:</b></p> Service: <input type="checkbox"/> Overhead  <input type="checkbox"/> Underground  <input type="checkbox"/> Temp on Pole   Amps _____ Volts _____  Wire _____ Phase _____  Premise No. _____  Outlets.....# _____  Subpanels.....# _____  Subpanel Amps / Descriptions:  _____  _____  _____   Transformers.....# _____  Heaters.....# _____  Heaters Amps _____ KW _____  Motors.....# _____  # <math>\geq</math> 5 HP _____, # &lt; 5 HP _____   <p><b>Special &amp; Other Items:</b></p> Description _____ Quantity _____  Description _____ Quantity _____  Description _____ Quantity _____  Description _____ Quantity _____  Description _____ Quantity _____   Code Correction Work: _____  <b>Total # of Inspections Needed:</b> _____  Comments/Information: _____  Other Permit References: _____   <b>Estimated Cost of Electrical Construction Work:</b> \$ _____ </td> <td style="width:50%; vertical-align: top; border: none;"> <p><b>Communication / Low Voltage:</b></p> Amplifiers.....# _____  Antennas.....# _____  Data (describe) _____  Telephones.....# _____  Fire Alarm.....# _____  Security Alarm.....# _____  Card Readers / Keypads...# _____  Cable TV Outlets.....# _____  X-Rays.....# _____  Detectors.....# _____  Speakers.....# _____  Thermostats.....# _____   <p><b>Electrical Air Conditioner Units:</b></p> Number of AC's.....# _____  AC HP 1.....# _____  AC HP 2.....# _____  AC HP 3.....# _____ </td> </tr> </table>					<p><b>Service / Power Distribution:</b></p> Service: <input type="checkbox"/> Overhead <input type="checkbox"/> Underground <input type="checkbox"/> Temp on Pole  Amps _____ Volts _____ Wire _____ Phase _____ Premise No. _____ Outlets.....# _____ Subpanels.....# _____ Subpanel Amps / Descriptions: _____ _____ _____  Transformers.....# _____ Heaters.....# _____ Heaters Amps _____ KW _____ Motors.....# _____ # $\geq$ 5 HP _____, # < 5 HP _____  <p><b>Special &amp; Other Items:</b></p> Description _____ Quantity _____ Description _____ Quantity _____ Description _____ Quantity _____ Description _____ Quantity _____ Description _____ Quantity _____  Code Correction Work: _____ <b>Total # of Inspections Needed:</b> _____ Comments/Information: _____ Other Permit References: _____  <b>Estimated Cost of Electrical Construction Work:</b> \$ _____	<p><b>Communication / Low Voltage:</b></p> Amplifiers.....# _____ Antennas.....# _____ Data (describe) _____ Telephones.....# _____ Fire Alarm.....# _____ Security Alarm.....# _____ Card Readers / Keypads...# _____ Cable TV Outlets.....# _____ X-Rays.....# _____ Detectors.....# _____ Speakers.....# _____ Thermostats.....# _____  <p><b>Electrical Air Conditioner Units:</b></p> Number of AC's.....# _____ AC HP 1.....# _____ AC HP 2.....# _____ AC HP 3.....# _____
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