



# APPLICATION FOR PLUMBING 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"/> Backflow, <input type="checkbox"/> Plumbing, <input type="checkbox"/> Plumbing Partial, <input type="checkbox"/> Water Heater, <input type="checkbox"/> Water Service Program			
Project Address _____		Unit/Suite/Floor _____	Zip Code _____
Locator/ _____	Subdivision or _____		Lot No. _____
Parcel No. _____	Building/Center Name _____		Lot No. _____
<input type="checkbox"/> Unincorporated County, or Municipality _____		Fire District _____	

**WORK DESCRIPTION:**

Brief description of plumbing 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 PERFORM 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 PERMIT. 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	<input type="checkbox"/> Owner, <input type="checkbox"/> Architect, <input type="checkbox"/> Engineer, <input type="checkbox"/> Tenant, <input type="checkbox"/> Other _____		
Name & Address	Tel #	Reg #	Signature
	Fax #	Date	Printed Name
	Email		

Note: Licensed Plumber 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>PLUMBING</b>						
<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> Water Heaters.....# _____  Water Heater Size.....gal. _____  Water Heater Output.....BTU _____  Water Heater Type:   <input type="checkbox"/> Electric                                    <input type="checkbox"/> Gas                                    <input type="checkbox"/> Tankless   Kitchen / Prep Sinks.....# _____  Exam Room Sinks.....# _____  Lab Sinks.....# _____  Dishwashers.....# _____  Disposals.....# _____  Grease Traps.....# _____  Bathrooms.....# _____  Water Closets.....# _____  Lavatories.....# _____  Urinals.....# _____  Bathtubs.....# _____  Showers.....# _____   <b>Special &amp; Other Items:</b>  Description _____ Quantity _____  Description _____ Quantity _____  Description _____ Quantity _____  Description _____ Quantity _____  Water Service Repair Number: _____  Code Correction Work: _____  <b>Total # of Inspections Needed:</b> _____  Comments/Information: _____  Other Permit References _____   <b>Estimated Cost of Plumbing Construction Work: \$</b> _____ </td> <td style="width:50%; border: none;"> Laundry Drains.....# _____  Floor Drains/Sinks.....# _____  Roof Drains.....# _____  Service Sinks.....# _____  Sumps.....# _____  Drinking Fountains.....# _____  Clothes Washers.....# _____  Water Connections.....# _____  Sanitary Cleanouts.....# _____  Gas Piping Outlets.....# _____  Wet &amp; Dry Standpipe  Hose Connections...# _____  Future Fixtures.....# _____  Waste Stack(s).....# _____  Water Service Size.....in. _____  Backflow Device.....in. _____  Backflow Location _____  Backflow Serial No. _____  Backflow Serves _____ </td> </tr> </table>					Water Heaters.....# _____ Water Heater Size.....gal. _____ Water Heater Output.....BTU _____ Water Heater Type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Tankless  Kitchen / Prep Sinks.....# _____ Exam Room Sinks.....# _____ Lab Sinks.....# _____ Dishwashers.....# _____ Disposals.....# _____ Grease Traps.....# _____ Bathrooms.....# _____ Water Closets.....# _____ Lavatories.....# _____ Urinals.....# _____ Bathtubs.....# _____ Showers.....# _____  <b>Special &amp; Other Items:</b> Description _____ Quantity _____ Description _____ Quantity _____ Description _____ Quantity _____ Description _____ Quantity _____ Water Service Repair Number: _____ Code Correction Work: _____ <b>Total # of Inspections Needed:</b> _____ Comments/Information: _____ Other Permit References _____  <b>Estimated Cost of Plumbing Construction Work: \$</b> _____	Laundry Drains.....# _____ Floor Drains/Sinks.....# _____ Roof Drains.....# _____ Service Sinks.....# _____ Sumps.....# _____ Drinking Fountains.....# _____ Clothes Washers.....# _____ Water Connections.....# _____ Sanitary Cleanouts.....# _____ Gas Piping Outlets.....# _____ Wet & Dry Standpipe Hose Connections...# _____ Future Fixtures.....# _____ Waste Stack(s).....# _____ Water Service Size.....in. _____ Backflow Device.....in. _____ Backflow Location _____ Backflow Serial No. _____ Backflow Serves _____
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