



APPLICATION FOR MECHANICAL 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"/> Elevator, <input type="checkbox"/> Fire Suppression, <input type="checkbox"/> Mechanical			
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 mechanical construction scope of work:

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 LIABIITY, 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		

PERMIT NO. _____

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

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;">RESIDENTIAL</p> <input type="checkbox"/> Single-Family <input type="checkbox"/> Two-Family <input type="checkbox"/> Townhouse(s) Note: Two-Family and Townhouse type buildings must have independent dwelling units with individual entrances. No common areas.	<p style="text-align: center;">MULTI-FAMILY</p> <input type="checkbox"/> 3 or 4 Multi-Family <input type="checkbox"/> 5 or more Multi-Family Units/Building _____ Units/Permit _____ Note: Multi-Family buildings have common areas such as common entry stairs, corridors, hallways, breezeways, and/or common basement areas.	<p style="text-align: center;">COMMERCIAL</p> <p>ASSEMBLY</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>BUSINESS</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>EDUCATION</p> <input type="checkbox"/> Schools <input type="checkbox"/> Child Day Care <p>FACTORY/INDUSTRIAL</p> <input type="checkbox"/> Manufacturing Plant <input type="checkbox"/> Industrial Laboratories <input type="checkbox"/> Utilities <p>HIGH HAZARD</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>INSTITUTIONAL</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>MERCANTILE</p> <input type="checkbox"/> Retail/Wholesale/Stores <input type="checkbox"/> Service Station <input type="checkbox"/> Markets <p>RESIDENTIAL</p> <input type="checkbox"/> Dormitories <input type="checkbox"/> Hotels/Motels <p>STORAGE</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;">NON-HABITABLE</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
MECHANICAL				
<p>Conveying Equipment:</p> Auto Lift.....# _____ Conveyor.....# _____ Crane.....# _____ Dumbwaiter.....# _____ Elevator.....# _____ Escalator.....# _____ Material Lift.....# _____ Platform Lift.....# _____ Stairway Lift.....# _____ Other (explain/list below) _____ <p>Exhaust Systems:</p> Dryer.....# _____ Fan Exhaust.....# _____ Kitchen Hood(s): Type I Hood...# _____ Type II Hood...# _____ Res. Kit. Hood...# _____ Med Gas Exhaust.# _____ Motor Exhaust...# _____ Paint Spray Booth.# _____ Smoke or Fume...# _____ Other (explain/list below) _____ <p>Special & Other Items:</p> Description _____ Quantity _____ Description _____ Quantity _____ Description _____ Quantity _____ Description _____ Quantity _____ Code Correction Work: _____ Inspections Required: <input type="checkbox"/> One, <input type="checkbox"/> Two, <input type="checkbox"/> ≥Two, Provide # Req'd _____ Comments/Information: _____ Other Permit References: _____	<p>Fire Suppression:</p> Building Sprinklers.# _____ Kit Hood Suppress..# _____ Other (explain/list below) _____ <p>HVAC Systems:</p> Air Conditioning: Total Tons _____ Heating System(s): Total MBH _____ HVAC Equipment: Air Handlers/ERU.# _____ Chiller.....# _____ Condenser.....# _____ Cooling Tower.....# _____ Evaporator Cooler.# _____ Fan Supply.....# _____ Forced Air Furnace.# _____ Infra-Red Heater ...# _____ Makeup Air Unit...# _____ Radiant Heat.....# _____ Single Package Unit# _____ Solar Heat.....# _____ Unit Heater.....# _____ Other (explain/list below) _____	<p>Pressure Vessels:</p> Boilers: Low Pressure.....# _____ High Pressure.....# _____ Non Potable Tank...# _____ Other (explain/list below) _____ <p>Process Piping:</p> Type _____ (Fuel, Gas, Hydronic, Med. etc.) _____ <p>Other Components:</p> Duct Work.....# _____ Fire/Smoke Dampers# _____ Flue Replacement...# _____ Refrigerant Line(s)...# _____ Registers/Diffusers...# _____ Other (explain/list below) _____ <p>Other Equipment:</p> Fireplace.....# _____ Fuel Dispenser.....# _____ Gas Logs.....# _____ Generator (Emerg)...# _____ Kit Equip (Comm)...# _____ UG Fuel Tank(s)...# _____ Other (explain/list below) _____	<p style="text-align: center;">FOR OFFICE USE</p> <input type="checkbox"/> Gov't / Public Owned <p>PERMIT FEES</p> Processing _____ Mechanical _____ Inspection _____ _____ Penalty _____ Total Fees _____ Filing Fee Pd _____ Balance Due _____ Fees Paid _____ Date _____ Issued ____/____/____ Issued By _____ <p>APPROVALS & DATE</p> Est. Cost _____ Plan Rev. _____ Box No. _____ <input type="checkbox"/> Folder	
<p>Estimated Cost of Mechanical Construction Work: \$ _____</p>				
<p>FOR OFFICE USE</p> <input type="checkbox"/> Record Check _____ <input type="checkbox"/> Violation Check _____ <input type="checkbox"/> Transient Employer Documents <input type="checkbox"/> Notified _____ Date _____ <input type="checkbox"/> #OP _____ <input type="checkbox"/> PA <input type="checkbox"/> Flat <input type="checkbox"/> Closet				
				Permit No. _____