

PERMIT APPLICATION FOR ELECTRICAL PERMITS

PERMIT PROCESSING

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

VILLAGE OF BEL-RIDGE
8920 NATURAL BRIDGE RD.
BEL-RIDGE, MO 63121

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 _____

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; width: fit-content; margin: 0 auto;">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; width: fit-content; margin: 0 auto;">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; width: fit-content; margin: 0 auto;">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

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

DATE ISSUED: _____ PERMIT NO. _____

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: _____