

MECHANICAL PERMITS

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

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:

TYPE OF WORK	TYPE OF STRUCTURE (CHECK ONE)
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- NEW CONSTRUCTION
- ADDITION
- ALTERATION
- REPLACEMENT
- REPAIR
- FOUNDATION
- SHELL
- INTERIOR FINISH
- FIRE DAMAGE
- STORM DAMAGE
- OTHER DAMAGE
- OCCUPANCY

- RESIDENTIAL**
- SINGLE FAMILY
 - TWO FAMILY
 - 3 OR 4 FAMILY
 - 5 OR MORE FAMILY
 - HOTELS/MOTELS
- UNITS IN THIS BLDG: _____
- UNITS FOR THIS PERMIT _____

- COMMERCIAL**
- THEATRES
 - RESTAURANT
 - NIGHTCLUB
 - CHURCHES & OTHER RELIGION
 - OFFICE-BANK/PROFESSIONAL
 - CARWASH
 - CLINIC
 - FIRE STATION
 - MEDICAL OFFICE
 - LABORATORIES
 - SCHOOLS
 - CHILD CARE
 - MANUFACTURING PLANT
 - TIRE STORAGE-BULK
 - NURSING HOME
 - DAY NURSERIES
 - HOSPITALS
 - JAILS
 - RETAIL/WHOLESALERS
 - GAS STATIONS
 - FOOD MARKETS
 - OFFICE/WAREHOUSE
 - LUMBER YARD
 - REPAIR GARAGE
 - PARKING GARAGE

- NON-HABITABLE**
- TANKS
 - RETAINING WALLS
 - DETACHED GARAGE
 - ATTACHED GARAGE
 - CARPORT
 - SHED
 - ANTENNAS
 - RES GREENHOUSES
 - PARKING LOT
 - SIGNS
 - PATIO/DECK/PORCH
 - SWIMMING POOL
 - FIREPLACE
 - OTHER

RESIDENTIAL MECHANICAL

HEATING
QTY _____
TYPE _____
BTU/KW _____
FLUE _____

WATER HEATER
QTY _____
TYPE _____
BTU/KW _____
FLUE _____
GAL _____

FUEL LINE SIZE
3/4" _____
1" _____
1 1/4" _____
1 1/2" _____
1 3/4" _____
2" _____

AIR CONDITIONERS
QTY _____
TONS _____

FOR OFFICE USE

PERMIT FEES	_____
PROCESSING	_____
TRANSFER FEES:	_____
MECHANICAL	_____
INSPECTIONS	_____
PENALTY	_____
TOTAL	_____
FEES PAID	_____

Approvals and Date:
Plan Review: _____ Date: _____
Approved _____ Denied _____
On Hold _____

PERMIT NO. _____

Continue on reverse side—Commercial

COMMERCIAL MECHANICAL

WORK INVOLVES THE FOLLOWING:

HVAC DUCT SYSTEM WORK
 PROCESS PIPING SYSTEM WORK
 HVAC SERVICER—INSTALLER WORK
 FIRE SUPPRESSION SYSTEM WORK
 WORK OTHER THAN THE ABOVE AND/OR WORK OTHERWISE EXEMPT FROM LICENSING
 MANUFACTURER/MANUFACTURER'S REPRESENTATIVE RESTRICTED WORK
 REPAIR/ALTERATION OF BOILERS, STEAM, GENERATORS, & PRESSURE VESSELS BY BOILER AND PRESSURE VESSEL INSPECTORS
 WORK BY OWNER, LESSEE OR PROPERTY MANAGER, EXEMPT FROM LICENSING

SCOPE OF WORK:

WORK TO BE AUTHORIZED BY THIS PERMIT IS MY WORK ONLY
 WORK TO BE AUTHORIZED BY THIS PERMIT INCLUDES WORK BY THE FOLLOWING SUB-CONTRACTORS FOR WHICH I WILL BE ACCOUNTABLE:
 SUB. 1 _____ LIC NO _____
 SUB. 2 _____ LIC NO _____
TOTAL PROJECT SCOPE OF WORK:
 MECHANICAL WORK ONLY YES
 BUILDING WITH MECH. WORK YES
 BERKELEY BUILDING PERMIT # _____
EST. COST OF MECH WORK: \$ _____

COMMERCIAL MECHANICAL DEVICES

DESCRIPTION	QTY	DESCRIPTION	QTY
AIR HANDLER	_____	HVAC SYSTEMS—HEATING SYSTEMS	
AUTO LIFT	_____	UNDER 100 MBH	_____
BOILERS—HIGH PRESSURE	_____	100-400 MBH	_____
WITH MANHOLE	_____	401-1000 MBH	_____
WITHOUT MANHOLE	_____	OVER 1000 MBH	_____
BOILERS—LOW PRESSURE	_____	BASEBOARD HEATER	_____
WITH MANHOLE	_____	BOILER HOT WATER HEATER	_____
WITHOUT MANHOLE	_____	CABINET HEATER	_____
CHUTE REFUSE	_____	CONVERSION HEATER	_____
CONVEYOR—POWER OPERATED	_____	DUCT FURNACE	_____
DAMPER—SMOKE	_____	FORCED AIR FURNACE	_____
DAMPER—FIRE	_____	GRAVITY AIR FURNACE	_____
DRYCLEANING UNIT	_____	INFRA-RED HEATER	_____
DRYER—CLOTHES—COMMERCIAL	_____	INCINERATOR	_____
DRYER CLOTHES—RESIDENTIAL	_____	KITCHEN—COMMERCIAL	
ELEVATOR—FREIGHT	_____	BROILER	_____
ELEVATOR—PASSENGER	_____	FRYER /FAT	_____
ESCALATOR	_____	GRILL/GRIDDLE	_____
FAN EXHAUST	_____	KETTLE	_____
FAN SUPPLY	_____	OVEN—BAKING AND ROASTING	_____
FIREPLACE	_____	RANGE—COMMERCIAL SIZE	_____
FIRE SUPPRESSIONS SYSTEMS		KITCHEN HOOD—EXHAUST SYSTEM	
SPRINKLERS	_____	UP TO 5000 CFM	_____
HALON	_____	OVER 5000 CFM	_____
CARBON DIOXIDE	_____	OTHER—EXHAUST SYSTEM	_____
DRY CHEMICAL	_____		
OTHER	_____		
KITCHEN HOOD FIRE SUPPRESSION	_____	PAIN T SPRAY BOOTH	_____
FURNACE—INDUSTRIAL	_____	UNDERGROUND FUEL STORAGE TANKS	_____
HOT WATER HEATER/STORAGE TANKS			
(DIRECT FIRED 120 GALLONS OR MORE)	_____		
HVAC SYSTEMS—AIR CONDITIONING		GASOLINE DISPENSERS	_____
UNDER 2000 CFM OR 5 TON	_____		
2000-15000 CFM OR 5-38 TON	_____	OTHER WORK:	
OVER 15000 CFM OR 38 TON	_____	_____	_____
CHILLER	_____	_____	_____
COOLING TOWER	_____	_____	_____
EVAPORATOR COOLER	_____	_____	_____

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

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