

# PERMIT APPLICATION FOR PLUMBING PERMITS

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

PERMIT PROCESSING

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:

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

TYPE OF WORK	TYPE OF STRUCTURE (CHECK ONE)		
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<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; margin-bottom: 5px;"><b>RESIDENTIAL</b></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; margin-bottom: 5px;"><b>COMMERCIAL</b></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; margin-bottom: 5px;"><b>NON-HABITABLE</b></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
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**PLUMBING/DRAINLAYING**

	QTY		QTY
WTR CLOSET	___	BATHTUB	___
BIDET	___	SHOWER	___
LAVATORIES	___	FLR DRAINS	___
KITCHEN SINK	___	DISPOSAL	___
DISHWASHER	___	WTR SVC	___
WATER HTR	___	DRINK FOUN	___
URINAL	___	LAUND DRN	___
AUTOPSY	___	GREASE TRAP	___
EMBALM TBL	___	STOR BOILER	___
SERV SINKS	___	EXCAVATION	___
ROOF DRAIN	___	TRENCH	___
SUMP PUMP	___	STORM MAIN	___
SEPTIC TANK	___	SAINTRY	___
DRAIN FIELDS	___	Other: _____	___

**FOR OFFICE USE**

**PERMIT FEES**

**TRANSFER FEE:** \_\_\_\_\_

**PROCESSING** \_\_\_\_\_

**PLUMBING** \_\_\_\_\_

**DRAINLAYING** \_\_\_\_\_

**INSPECTIONS** \_\_\_\_\_

**PENALTY** \_\_\_\_\_

**TOTAL** \_\_\_\_\_

**Approvals and Date:**  
 Plan Review: \_\_\_\_\_ Date: \_\_\_\_\_  
 Approved \_\_\_\_\_ Denied \_\_\_\_\_  
 On Hold \_\_\_\_\_

Continue on reverse side

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/BUILDER/STRUCTURAL**

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

**MECHANICAL/HVAC**

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

**ELECTRICAL/ALARM**

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

**PLUMBER/DRAINLAYER**

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