



PLANNING & DEVELOPMENT SERVICES DEPARTMENT
 10 North Bemiston Avenue, Clayton, Missouri 63105
 (314)290-8452 • FAX (314)863-0296

APPLICATION FOR MECHANICAL PERMIT
 (PLEASE PRINT)

Permit# ME _____

You must submit two (2) sets of drawings with this application showing all duct work, piping, and location of condensing units. Approval for all electrical work and compliance with code requirements must be secured from the ST. LOUIS COUNTY ELECTRICAL DEPT., DIVISION OF PUBLIC WORKS.

A \$30.00 APPLICATION FEE MUST ACCOMPANY THIS APPLICATION
A \$30.00 INSPECTION FEE IS REQUIRED FOR EACH INSPECTION

Applicants Name _____

Applicants Phone (_____) _____ Alternate Phone (_____) _____

() Owner () Contractor () Design Professional () Other _____

Location of Building:

NO. _____ Street _____ Suite/Unit _____
 (REQUIRED)

Owner _____

Occupant _____

Application is made for: () New Const. () Addition () Alter () Repair () Replace

Use of Building _____ Estimated Cost of Mechanical Work \$ _____

Building Permit # _____

MECHANICAL EQUIPMENT TO BE INSTALLED

	No. of Units	Fuel & Type	BTU Input
WARM AIR FURNACE			
\$10 under 200,000 BTU	_____	1. _____	_____
\$20 over 200,000 BTU	_____	2. _____	_____
COOLING		Location of Condensing Units	Tons
\$10 under 5 Ton	_____	1. _____	_____
\$20 5 Ton - 10 Ton	_____	2. _____	_____
\$40 Over 10 Ton	_____	3. _____	_____

NOTE * Condenser units must be screened from view of the street for both residential and commercial (must be 5 feet from property line - residential)

		Fuel & Type	BTU Input
BOILER			
\$20 under 200,000 BTU	_____	1. _____	_____
\$40 over 200,000 BTU	_____	2. _____	_____

NOTE * Boilers require a backflow device to be installed by a Master Plumber

COMBO HEATING/COOLING			
\$20 Each <50,000	_____	1. _____	_____

AIR HANDLING EQUIPMENT			
\$10 Each	_____	1. _____	_____

ELECTRIC HEATING COIL UNITS			
\$10 Each	_____	1. _____	_____

		Location of Units	AMP Input
GENERATORS			
\$10 Each	_____	1. _____	_____

Describe any equipment not listed above _____

Engineer _____

Mechanical Contractor Name _____

Mechanical Contractor Address _____

City _____ State _____ Zip Code _____ Phone (_____) _____

E-Mail Address _____

I hereby certify the above information is correct and that I am the legal owner of the property or have been authorized by the owner to make application for the work described above.

Signature _____ Date _____

Please Print Name _____