



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

APPLICATION FOR MECHANICAL PERMIT RESIDENTIAL/COMMERCIAL

(PLEASE PRINT)

Permit# ME _____

Commercial – Two (2) sets of **sealed** plans showing compliance with the requirements of the 2015 IMC, 2015 IECC, and local amendments for all **new construction, additions and alterations**, detailing duct work, piping, and location of condensing units, Engineer’s design for equipment anchoring, design for visual screening and calculations meeting seismic and 115 mph wind load criteria for **all** equipment located on a roof.

Residential - Two (2) sets of isometric plans showing compliance with the requirements of the 2015 IRC, and local amendments for all **new construction, additions and alterations**, detailing the location of duct runs, return air and supplies with duct sizes determined in accordance with Manual D, equipment must be shown to be sized in accordance with Manual S and the building load must be calculated using Manual J. Engineer’s design for equipment anchoring, design for visual screening and calculations meeting seismic and 115 mph wind load criteria is required for **all** equipment located on a roof.

- All equipment must be screened from view of the public right of way and must be five (5) feet from property line
- Boilers require a backflow device to be installed by a Licensed Master Plumber. A separate Plumbing Permit is required.
- Approval for all electrical work and compliance with electrical code requirements must be secured from the St. Louis County Electrical Department.
- Plan review timelines can be found on the City’s website at www.claytonmo.gov

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED FOR REVIEW

Applicant Name _____

Applicant Phone (_____) _____ Alternate Phone (_____) _____

Applicant Address _____

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

Applicant E-Mail _____

Owner Contractor Design Professional Other _____

Owner Name _____

Owner Address _____

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

Owner E-Mail Address _____

Occupant _____

Engineer _____

Engineer E-Mail Address _____

Contractors Name _____

Contractors Address _____

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

Contact Name _____

Contact E-Mail Address _____

APPLICATION FOR MECHANICAL PERMIT RESIDENTIAL/COMMERCIAL

Continued

Project Address _____ Suite/Unit _____ (REQUIRED)

Application is made for: New Construction Addition Alteration Repair Replacement

This property is: Residential Commercial / Is the property located in the flood plain: Yes No

Describe nature of work and specific location on building or site _____

Realistic cost of mechanical work \$ _____

Permit valuations shall include total value of work, including materials and labor, for which the permit is being issued. If, in the opinion of the Building Official, the valuation is underestimated on the application, the permit shall be denied, unless the applicant can show detailed estimates to meet the approval of the Building Official. Final mechanical permit valuation shall be set by the Building Official.

MECHANICAL EQUIPMENT TO BE INSTALLED

WARM AIR FURNACE	No. of Units	Fuel & Type	BTU Input
Under 200,000 BTU	_____	1. _____	_____
Over 200,000 BTU	_____	2. _____	_____
COOLING		Specific Location of Condensing Unit(s)	Tons
Up to 4 Ton	_____	1. _____	_____
5 Ton - 10 Ton	_____	2. _____	_____
Over 10 Ton	_____	3. _____	_____
BOILER		Fuel & Type	BTU Input
Under 200,000 BTU	_____	1. _____	_____
Over 200,000 BTU	_____	2. _____	_____
COMBO HEATING/COOLING		1. _____	_____
AIR HANDLING EQUIPMENT		1. _____	_____
ELECTRIC HEAT COIL UNITS		1. _____	_____
		Specific Location of Unit	AMP Input
GENERATOR		1. _____	_____
		Specific Location of Unit	CFM
EXHAUST FAN/HOOD		1. _____	_____
OTHER			
_____	_____	1. _____	_____
_____	_____	2. _____	_____

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 _____

May 2016