



PLANNING & DEVELOPMENT SERVICES DEPARTMENT  
10 North Bemiston Avenue, Clayton, Missouri 63105  
(314) 290-8463 • FAX (314) 863-0296 • [jegel@claytonmo.gov](mailto:jegel@claytonmo.gov)

## APPLICATION FOR PLUMBING PERMIT RESIDENTIAL/COMMERCIAL

March 28, 2018

Permit# PL\_\_\_\_\_

**Commercial and Multifamily** - Two (2) sets of **sealed** plans showing the work to be performed in compliance with the 2015 IPC, 2015 IECC and local amendments, for **all new construction, additions and alterations**. Plans are not required for the replacement of fixtures in the same location.

**Residential** - Two (2) sets of isometric plans, including details of the waste/vent and water supply systems, in compliance with the 2015 IRC and local amendments, for **all new construction, additions and alterations**. Plans are not required for the replacement of fixtures in the same location.

Plan review timelines can be found on the City's website at [www.claytonmo.gov](http://www.claytonmo.gov)

### INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED FOR REVIEW

Applicant Name \_\_\_\_\_  
Business Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ e-mail \_\_\_\_\_  
 Owner     Contractor     Design Professional     Other \_\_\_\_\_

Property Owner Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ e-mail \_\_\_\_\_

Property Occupant \_\_\_\_\_

Master Plumber \_\_\_\_\_ County License # \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact E-Mail Address \_\_\_\_\_

Project Address \_\_\_\_\_ Suite/Unit \_\_\_\_\_ (REQUIRED)

Application is made for:  New Construction     Addition     Alteration     Repair     Demolition     Replacement

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

# APPLICATION FOR PLUMBING PERMIT RESIDENTIAL/COMMERCIAL Continued

Describe nature of work and specific location on building or site \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Realistic cost of plumbing work (Required) \$ \_\_\_\_\_

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 plumbing permit valuation shall be set by the Building Official.

For new, repairs, replacement or demolition, please complete this section:

Qty	ITEM	Qty	ITEM	Qty	ITEM
_____	Plumbers License	_____	Sewer Disconnect	_____	Back Flow Device New
_____	Sewer Sanitary	_____	Water Disconnect	_____	Back Flow Device Removal
_____	Sewer Storm	_____	Urinal	_____	Laundry Drain
_____	Water Closet	_____	Water Heater	_____	Gasoline Sump
_____	Lavatory	_____	Yard Sprinkler	_____	Floor Drain
_____	Bath Tub	_____	Catch Basin (IN)	_____	Hub Drain
_____	Sink	_____	Catch Basin (OUT)	_____	Misc. _____
_____	Dishwasher	_____	Bar Waste Opening	_____	Misc. _____
_____	Disposal	_____	Dental Unit	_____	Misc. _____
_____	Drinking Fountain	_____	Service Sink	_____	Misc. _____
_____	Shower	_____	Washer Stand Pipe	_____	Misc. _____
_____	Water Service	<b>To add fixtures and/or install new or replacement water services, please provide:</b> _____ Current WS Size    _____ No. of Baths    _____ Replacement WS Size			

**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 \_\_\_\_\_