



PLANNING & DEVELOPMENT SERVICES DEPARTMENT
10 North Bemiston Avenue, Clayton, Missouri 63105
(314) 290-8463

APPLICATION FOR MECHANICAL PERMIT RESIDENTIAL/COMMERCIAL

Permit# ME _____
 NPR Payment

Commercial and Multi-Family -- 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. **Required for all equipment located on a roof, including replacements** -- Engineer's design for equipment anchoring, design for visual screening and calculations meeting seismic and 115 mph wind load criteria.

Residential Single Family and Duplex – 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. **Required for all equipment located on a roof, including replacements** -- Engineer's design for equipment anchoring, design for visual screening and calculations meeting seismic and 115 mph wind load criteria.

- 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.

Code Questions/Clarifications – codequestionsbd@claytonmo.gov

Applications that do not require plan review may be submitted to applicationsbd@claytonmo.gov

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED FOR REVIEW

Applicant Name _____

Business Phone (_____) _____ Mobile Phone (_____) _____

Address _____

City _____ State _____ Zip Code _____ E-Mail _____

Property Owner Contractor Design Professional Other _____

Property Owner Name _____ Phone (_____) _____

Address _____

City _____ State _____ Zip Code _____ e-mail _____

Property Occupant _____

Engineer Name _____ Firm _____

Address _____ Phone(_____) _____

City _____ State _____ Zip Code _____ e-mail _____

Mechanical Contractor _____

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: Multi-Family (Apartment/Condominium) Townhouse Duplex Single Family House Commercial

Is the property located in the flood plain: Yes No

Type of construction (Circle One) IA IB IIA IIB IIIA IIIB IV VA VB

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

Realistic cost of mechanical 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 mechanical permit valuation shall be set by the Building Official.

MECHANICAL EQUIPMENT TO BE INSTALLED

| | | | |
|---------------------------------|--------------|---|-----------|
| WARM AIR FURNACE | No. of Units | Fuel Type (gas, electric) | BTU Input |
| Under 200,000 BTU | _____ | 1. _____ | _____ |
| Over 200,000 BTU | _____ | 2. _____ | _____ |
| COOLING | | Specific Location Unit (roof, ground, elevated rack) | Tons |
| Up to 4 Ton | _____ | 1. _____ | _____ |
| 5 Ton - 10 Ton | _____ | 2. _____ | _____ |
| Over 10 Ton | _____ | 3. _____ | _____ |
| BOILER | | Fuel Type (gas, electric) | 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 (roof, ground, elevated rack) | 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 _____