



**SAINT LOUIS COUNTY**  
Transportation and Public Works

# APPLICATION FOR MECHANICAL PERMIT

Complete all sections on both pages except for the two sections marked "For Office Use".

Application Date \_\_\_\_\_

**PROJECT INFORMATION & LOCATION:**

Project Type:  Commercial,  Multifamily,  Residential      Project Name: \_\_\_\_\_

Work Type:  Elevator,  Fire Suppression,  Mechanical

Project Address \_\_\_\_\_ Unit/Suite/Floor \_\_\_\_\_ Zip Code \_\_\_\_\_

Locator/ \_\_\_\_\_ Subdivision or \_\_\_\_\_

Parcel No. \_\_\_\_\_ Building/Center Name \_\_\_\_\_ Lot No. \_\_\_\_\_

Unincorporated County, or Municipality \_\_\_\_\_ Fire District \_\_\_\_\_

**WORK DESCRIPTION:**

Brief description of mechanical construction scope of work:

**OWNER/TENANT INFORMATION:**

Property Owner \_\_\_\_\_

|           |       |           |     |       |
|-----------|-------|-----------|-----|-------|
| Last Name | First | Telephone | Fax | Email |
|-----------|-------|-----------|-----|-------|

Owner's Address \_\_\_\_\_

|                |      |       |          |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

Tenant/Business Name \_\_\_\_\_  Existing,  New\*

\*If a New Tenant/Business indicate the Previous Tenant/Business Use \_\_\_\_\_

**ARCHITECT/ENGINEER INFORMATION:**

|                |           |     |       |
|----------------|-----------|-----|-------|
| Name & Address | Telephone | Fax | Email |
|----------------|-----------|-----|-------|

**PRIMARY CONTACT INFORMATION IF OTHER THAN APPLICANT:**

|                |           |     |       |
|----------------|-----------|-----|-------|
| Name & Address | Telephone | Fax | Email |
|----------------|-----------|-----|-------|

**APPLICANT CERTIFICATION & INFORMATION**

I CERTIFY THAT I AM THE OWNER IN FEE OR AGENT AUTHORIZED TO APPLY FOR THIS PERMIT, THAT I HAVE AN AGREEMENT WITH THE OWNER/LESSEE TO PREFORM THIS WORK; AND THAT I AM AUTHORIZED TO AND DO CONSENT TO ENTRY ONTO THE PREMISES BY ST. LOUIS COUNTY EMPLOYEES FOR INSPECTION OF WORK PERFORMED UNDER THIS PERMT. THE SCOPE OF WORK INDICATED AND COST ESTIMATES ARE TRUE AND CORRECT.

IF A PARTIAL PERMIT IS BEING REQUESTED, I REQUEST AUTHORIZATION TO PROCEED WITH THE CONSTRUCTION INDICATED IN ORDER TO ALLOW CONSTRUCTION TO COMMENCE. I ACKNOWLEDGE THAT IF AUTHORIZATION IS GIVEN THAT I WILL BE PROCEEDING AT MY OWN RISK WITHOUT ASSURANCE THAT A PERMIT FOR THE ENTIRE WORK OR STRUCTURE WILL BE GRANTED. I AM RELEASING ALL LIABIITY, INDEMNIFYING AND HOLDING HARMLESS ST. LOUIS COUNTY, ITS OFFICERS, EMPLOYEES, AGENTS, AND ANY ASSIGNS FOR ANY EXPENSE, ERROR, OR OMISSION RESULTING IN SUCH ISSUANCE. SHOULD IT BE DETERMINED AT ANY TIME BY ST. LOUIS COUNTY THAT THE AUTHORIZED CONSTRUCTION NEEDS TO BE REMOVED, MOVED, CORRECTED, OR MODIFIED IN ANY FASHION, THAN SUCH REMOVAL OR CORRECTIVE WORK WILL BE AT OUR EXPENSE.

|  |         |       |              |
|--|---------|-------|--------------|
| Contractor Name & Address  | Tel No. | Lic # | Signature    |
|  | Fax #   | Date  | Printed Name |
|  | Email   |       |              |
| Applicant Other Than Contractor <input type="checkbox"/> Owner, <input type="checkbox"/> Architect, <input type="checkbox"/> Engineer, <input type="checkbox"/> Tenant, <input type="checkbox"/> Other _____ |         |       |              |
| Name & Address   | Tel #   | Reg # | Signature    |
|  | Fax #   | Date  | Printed Name |
|  | Email   |       |              |

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

Note: Licensed Contractor must sign application before permit can be issued.

| TYPE OF WORK   | TYPE OF STRUCTURE  |   |   |   |
|--|--|---|---|---|
| <input type="checkbox"/> New Construction<br><input type="checkbox"/> Addition<br><input type="checkbox"/> Alteration<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Repair<br><input type="checkbox"/> Foundation<br><input type="checkbox"/> Shell<br><input type="checkbox"/> Interior Finish<br><input type="checkbox"/> Fire/Storm Damage<br><input type="checkbox"/> Occupancy<br><input type="checkbox"/> Miscellaneous Work   | <p style="text-align: center;"><b>RESIDENTIAL</b></p> <input type="checkbox"/> Single-Family<br><input type="checkbox"/> Two-Family<br><input type="checkbox"/> Townhouse(s)<br><br>Note: Two-Family and Townhouse type buildings must have independent dwelling units with individual entrances. No common areas.   | <p style="text-align: center;"><b>MULTI-FAMILY</b></p> <input type="checkbox"/> 3 or 4 Multi-Family<br><input type="checkbox"/> 5 or more Multi-Family<br><br>Units/Building _____<br>Units/Permit _____<br><br>Note: Multi-Family buildings have common areas such as common entry stairs, corridors, hallways, breezeways, and/or common basement areas.  | <p style="text-align: center;"><b>COMMERCIAL</b></p> <p><b>ASSEMBLY</b></p> <input type="checkbox"/> Theatres<br><input type="checkbox"/> Restaurant<br><input type="checkbox"/> Night Club<br><input type="checkbox"/> Churches/Religious<br><input type="checkbox"/> Recreation Center<br><input type="checkbox"/> Exhibition Hall<br><input type="checkbox"/> Banquet Center<br><input type="checkbox"/> Taverns & Bars<br><p><b>BUSINESS</b></p> <input type="checkbox"/> Office/Bank/Professional<br><input type="checkbox"/> Carwash<br><input type="checkbox"/> Clinic<br><input type="checkbox"/> Fire Station<br><input type="checkbox"/> Doctor's Offices<br><input type="checkbox"/> Laboratories<br><p><b>EDUCATION</b></p> <input type="checkbox"/> Schools<br><input type="checkbox"/> Child Day Care<br><p><b>FACTORY/INDUSTRIAL</b></p> <input type="checkbox"/> Manufacturing Plant<br><input type="checkbox"/> Industrial Laboratories<br><input type="checkbox"/> Utilities<br><p><b>HIGH HAZARD</b></p> <input type="checkbox"/> Flam. & Comb. Liquids Storage or Manufacturer<br><input type="checkbox"/> Tire Storage (Bulk)<br><input type="checkbox"/> Other High-Hazard Storage or Manufacturer<br><p><b>INSTITUTIONAL</b></p> <input type="checkbox"/> Nursing Home<br><input type="checkbox"/> Day Nurseries<br><input type="checkbox"/> Hospitals<br><input type="checkbox"/> Jails<br><input type="checkbox"/> Residential Care and Assisted Living<br><p><b>MERCANTILE</b></p> <input type="checkbox"/> Retail/Wholesale/Stores<br><input type="checkbox"/> Service Station<br><input type="checkbox"/> Markets<br><p><b>RESIDENTIAL</b></p> <input type="checkbox"/> Dormitories<br><input type="checkbox"/> Hotels/Motels<br><p><b>STORAGE</b></p> <input type="checkbox"/> Office/Warehouse<br><input type="checkbox"/> Lumber Yard<br><input type="checkbox"/> Repair Garage<br><input type="checkbox"/> Parking Garage | <p style="text-align: center;"><b>NON-HABITABLE</b></p> <input type="checkbox"/> Antennas<br><input type="checkbox"/> Attached Garage<br><input type="checkbox"/> Barn<br><input type="checkbox"/> Carport<br><input type="checkbox"/> Detached Garage<br><input type="checkbox"/> Fence<br><input type="checkbox"/> Fireplace<br><input type="checkbox"/> Generators<br><input type="checkbox"/> Patio Cover<br><input type="checkbox"/> Patio/Deck/Porch<br><input type="checkbox"/> Pergola<br><input type="checkbox"/> Res. Greenhouse<br><input type="checkbox"/> Retaining Walls<br><input type="checkbox"/> Shed<br><input type="checkbox"/> Signs<br><input type="checkbox"/> Solar Panel/Array<br><input type="checkbox"/> Swimming Pool<br><input type="checkbox"/> Tanks<br><input type="checkbox"/> Tower<br><input type="checkbox"/> Trash Enclosure<br><input type="checkbox"/> Other<br><br><input type="checkbox"/> Parking Lot |
| <b>MECHANICAL</b>  |  |   |   |   |
| <p><b>Conveying Equipment:</b></p> Auto Lift.....# _____<br>Conveyor.....# _____<br>Crane.....# _____<br>Dumbwaiter.....# _____<br>Elevator.....# _____<br>Escalator.....# _____<br>Material Lift.....# _____<br>Platform Lift.....# _____<br>Stairway Lift.....# _____<br>Other (explain/list below) _____<br><br><p><b>Exhaust Systems:</b></p> Dryer.....# _____<br>Fan Exhaust.....# _____<br>Kitchen Hood(s):<br>Type I Hood...# _____<br>Type II Hood...# _____<br>Res. Kit. Hood...# _____<br>Med Gas Exhaust.# _____<br>Motor Exhaust...# _____<br>Paint Spray Booth.# _____<br>Smoke or Fume...# _____<br>Other (explain/list below) _____<br><br><p><b>Special &amp; Other Items:</b></p> Description _____ Quantity _____<br>Description _____ Quantity _____<br>Description _____ Quantity _____<br>Description _____ Quantity _____<br>Code Correction Work: _____<br>Inspections Required: <input type="checkbox"/> One, <input type="checkbox"/> Two, <input type="checkbox"/> ≥Two, Provide # Req'd _____<br>Comments/Information: _____<br>Other Permit References: _____ | <p><b>Fire Suppression:</b></p> Building Sprinklers.# _____<br>Kit Hood Suppress.# _____<br>Other (explain/list below) _____<br><br><p><b>HVAC Systems:</b></p> Air Conditioning:<br>Total Tons _____<br>Heating System(s):<br>Total MBH _____<br>HVAC Equipment:<br>Air Handlers/ERU.# _____<br>Chiller.....# _____<br>Condenser.....# _____<br>Cooling Tower.....# _____<br>Evaporator Cooler.# _____<br>Fan Supply.....# _____<br>Forced Air Furnace.# _____<br>Infra-Red Heater ...# _____<br>Makeup Air Unit...# _____<br>Radiant Heat.....# _____<br>Single Package Unit# _____<br>Solar Heat.....# _____<br>Unit Heater.....# _____<br>Other (explain/list below) _____ | <p><b>Pressure Vessels:</b></p> Boilers:<br>Low Pressure.....# _____<br>High Pressure.....# _____<br>Non Potable Tank...# _____<br>Other (explain/list below) _____<br><br><p><b>Process Piping:</b></p> Type _____<br>(Fuel, Gas, Hydronic, Med. etc.) _____<br><br><p><b>Other Components:</b></p> Duct Work.....# _____<br>Fire/Smoke Dampers# _____<br>Flue Replacement...# _____<br>Refrigerant Line(s)...# _____<br>Registers/Diffusers...# _____<br>Other (explain/list below) _____<br><br><p><b>Other Equipment:</b></p> Fireplace.....# _____<br>Fuel Dispenser.....# _____<br>Gas Logs.....# _____<br>Generator (Emerg)...# _____<br>Kit Equip (Comm)...# _____<br>UG Fuel Tank(s)...# _____<br>Other (explain/list below) _____ | <p><b>FOR OFFICE USE</b></p> <input type="checkbox"/> Record Check _____<br><input type="checkbox"/> Violation Check _____<br><input type="checkbox"/> Transient Employer Documents<br><input type="checkbox"/> Notified _____ Date _____<br><input type="checkbox"/> #OP _____<br><input type="checkbox"/> PA<br><input type="checkbox"/> Flat<br><input type="checkbox"/> Closet  | <p style="text-align: center;"><b>FOR OFFICE USE</b></p> <input type="checkbox"/> Gov't / Public Owned<br><p><b>PERMIT FEES</b></p> Processing _____<br>Mechanical _____<br>Inspection _____<br>_____<br>Penalty _____<br>Total Fees _____<br><br>Filing Fee Pd _____<br>Balance Due _____<br>Fees Paid _____<br><br>Date<br>Issued ____/____/____<br>Issued By _____<br><br><p><b>APPROVALS &amp; DATE</b></p> Est. Cost _____<br>Plan Rev. _____<br>Box No. _____<br><input type="checkbox"/> Folder  |
| <p><b>Estimated Cost of Mechanical Construction Work: \$ _____</b></p>   |  |   |   |   |
| <p style="text-align: right;">Permit No. _____</p>   |  |   |   |   |