

# ST. LOUIS COUNTY PERMIT APPLICATION

## FOR PARTIAL ELECTRICAL PERMITS

PERMIT PROCESSING, 6<sup>TH</sup> FLOOR  
DEPARTMENT OF PUBLIC WORKS  
ST. LOUIS COUNTY GOV'T CENTER  
41 S CENTRAL, CLAYTON, MO 63105

(Please Type or Print Legibly in Ink,  
Complete All Parts, and Sign Application)

PAC No. \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

PROJECT ADDRESS \_\_\_\_\_ SUITE/FLOOR NO. \_\_\_\_\_ ZIP CODE \_\_\_\_\_

UNINCORP. COUNTY  YES, SUBDIVISION or  
or MUNICIPALITY \_\_\_\_\_ BLDG./CENTER \_\_\_\_\_ LOT NO. \_\_\_\_\_

DESCRIPTION OF WORK \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_ ( ) GOV'T OWNED  YES  
LAST NAME FIRST TELEPHONE #

STREET ADDRESS CITY STATE ZIP CODE

TENANT/BUSINESS NAME \_\_\_\_\_  EXISTING,  NEW

TYPE OF WORK	TYPE OF STRUCTURE		
<input type="checkbox"/> UG RACEWAYS ONLY (no wiring) <input type="checkbox"/> UG RACEWAYS WITH WIRING* <input type="checkbox"/> OTHER (Attach description)  *Sealed Plans or Engineer's Letter required for projects having services of 600 Amps or greater.	<b>RESIDENTIAL</b> <input checked="" type="checkbox"/> SINGLE FAMILY <input checked="" type="checkbox"/> TWO FAMILY <input type="checkbox"/> 3 or 4 FAMILY <input type="checkbox"/> 5 or MORE FAMILY <input type="checkbox"/> DORMITORIES <input type="checkbox"/> HOTELS/MOTELS	<b>COMMERCIAL</b> <b>ASSEMBLY</b> <input type="checkbox"/> THEATRES <input type="checkbox"/> RESTAURANT <input type="checkbox"/> NIGHT CLUB <input type="checkbox"/> CHURCHES & OTHER RELIGIOUS <input type="checkbox"/> RECREATION CENTER <input type="checkbox"/> EXHIBITION HALL <b>BUSINESS</b> <input type="checkbox"/> OFFICE BANK <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> CARWASH <input type="checkbox"/> CLINIC <input type="checkbox"/> FIRE STATION <input type="checkbox"/> DOCTOR'S OFFICES <input type="checkbox"/> LABORATORIES <b>EDUCATION</b> <input type="checkbox"/> SCHOOLS <input type="checkbox"/> CHILD DAY CARE <b>FACTORY AND INDUSTRIAL</b> <input type="checkbox"/> MANUFACTURING PLANT <input type="checkbox"/> INDUSTRIAL LABS <input type="checkbox"/> UTILITIES <b>HIGH HAZARD</b> <input type="checkbox"/> FLAM. & COMB. LIQUIDS STORAGE OR MANUFACTURER <input type="checkbox"/> TIRE STORAGE (BULK) <b>INSTITUTIONAL</b> <input type="checkbox"/> NURSING HOME <input type="checkbox"/> DAY NURSERIES <input type="checkbox"/> HOSPITALS <input type="checkbox"/> JAILS <b>MERCANTILE</b> <input type="checkbox"/> RETAIL/WHOLESALE/ STORES <input type="checkbox"/> SERVICE STATION <input type="checkbox"/> MARKETS <b>STORAGE</b> <input type="checkbox"/> OFFICE/WAREHOUSE <input type="checkbox"/> LUMBER YARD <input type="checkbox"/> REPAIR GARAGE <input type="checkbox"/> PARKING GARAGE	<b>NON-HABITABLE</b> <input type="checkbox"/> TANKS <input type="checkbox"/> RETAINING WALLS <input type="checkbox"/> ATTACHED GARAGE <input type="checkbox"/> SIGNS <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> OTHER  <b>FOR OFFICE USE</b> ZONING _____ FIRE DIST. _____ <b>PERMIT FEES</b> PROCESSING _____ BUILDING _____ INSPECTION _____ PENALTY _____ TOTAL _____ FEES PAID _____ DATE ISSUED _____/_____/_____ ISSUED BY _____  <b>APPROVALS &amp; DATE</b> ZONING ENF. _____ PLAN REV. _____ BOX NO. _____
<b>ELECTRICAL</b>			
<b>SERVICE/POWER DISTRIBUTION:</b>  SERVICE <input type="checkbox"/> Permanent <input type="checkbox"/> Temp. on Pole <input type="checkbox"/> UG <input type="checkbox"/> OH Amps _____ Volts _____ Wire _____ Phase _____  <b>SPECIAL ITEM(S):</b> _____ QTY _____ _____ QTY _____ _____ QTY _____  EST. COST OF ELECT. CONST. \$ _____			
<b>Applicant's Proceeding at Own Risk Acknowledgement</b>			
Pursuant to Section 80-10(Q) of the Electrical Code; I, the owner or authorized contractor/agent for the owner, request authorization to proceed with the construction indicated above for the project referenced in order to allow construction to commence while we are awaiting completion of the construction drawings. I acknowledge that if authorization is given 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 liability, indemnifying and holding harmless St. Louis County, its officers, employees, agents, and assigns for any expense, error, or omission resulting from 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, then such removal or corrective work will be at our expense.			
<b>FOR OFFICE USE ONLY</b>			
<input type="checkbox"/> MP52 <input checked="" type="checkbox"/>			

For Office Use

LOC. NO. \_\_\_\_\_

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

I CERTIFY THAT I AM THE CONTRACTOR/AGENT AUTHORIZED TO APPLY FOR THIS PARTIAL PERMIT AND THAT I HAVE AN AGREEMENT WITH THE OWNER/LEASEE TO PERFORM THIS WORK. THE SCOPE OF WORK INDICATED AND COST ESTIMATES ARE TRUE AND CORRECT.			
ELEC. CONTR. NAME & ADDRESS	TEL NO.	LIC. NO.	SIGNATURE:
		REG. NO.	
	FAX NO.	DATE:	PRINTED NAME:
	EMAIL		