



BERKELEY PERMIT APPLICATION FOR ELECTRICAL PERMITS

PERMIT PROCESSING
INSPECTIONS DEPARTMENT
CITY OF BERKELEY
8425 AIRPORT RD, BERKELEY MO 63134
314-400-3713 Inspections Desk

Please type or print legibly in Ink,
complete all parts and sign
Application

Fax Permits to: 314-264-2074; for applications where plans are not required. We will call you with the amount of the permit. We do not take payments over the phone.

DATE ISSUED: _____
PERMISE # _____
PERMIT NO. _____

Date of Application ____/____/____ COST OF PROJECT: \$ _____

Project
Address _____ Suite/Floor/Apt _____ Zip Code _____

Municipality Code: 007 Subdivision/Bldg/Center _____ Lot Number _____

Description of Work _____

Property Owner(s)
LAST NAME _____ FIRST _____ TELEPHONE NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

TENANT/BUSINESS NAME _____ EXISTING _____ NEW _____

TYPE OF WORK	TYPE OF STRUCTURE (CHECK ONE)		
<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> REPAIR <input type="checkbox"/> FOUNDATION <input type="checkbox"/> SHELL <input type="checkbox"/> INTERIOR FINISH <input type="checkbox"/> FIRE DAMAGE <input type="checkbox"/> STORM DAMAGE <input type="checkbox"/> OTHER DAMAGE <input type="checkbox"/> OCCUPANCY	<div style="border: 1px solid black; padding: 2px; display: inline-block;">RESIDENTIAL</div> <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> TWO FAMILY <input type="checkbox"/> 3 OR 4 FAMILY <input type="checkbox"/> 5 OR MORE FAMILY <input type="checkbox"/> HOTELS/MOTELS UNITS IN THIS BLDG: _____ UNITS FOR THIS PERMIT _____	<div style="border: 1px solid black; padding: 2px; display: inline-block;">COMMERCIAL</div> <input type="checkbox"/> THEATRES <input type="checkbox"/> RESTAURANT <input type="checkbox"/> NIGHTCLUB <input type="checkbox"/> CHURCHES & OTHER RELIGION <input type="checkbox"/> OFFICE-BANK/PROFESSIONAL <input type="checkbox"/> CARWASH <input type="checkbox"/> CLINIC <input type="checkbox"/> FIRE STATION <input type="checkbox"/> MEDICAL OFFICE <input type="checkbox"/> LABORATORIES <input type="checkbox"/> SCHOOLS <input type="checkbox"/> CHILD CARE <input type="checkbox"/> MANUFACTURING PLANT <input type="checkbox"/> TIRE STORAGE-BULK <input type="checkbox"/> NURSING HOME <input type="checkbox"/> DAY NURSERIES <input type="checkbox"/> HOSPITALS <input type="checkbox"/> JAILS <input type="checkbox"/> RETAIL/WHOLESALERS <input type="checkbox"/> GAS STATIONS <input type="checkbox"/> FOOD MARKETS <input type="checkbox"/> OFFICE/WAREHOUSE <input type="checkbox"/> LUMBER YARD <input type="checkbox"/> REPAIR GARAGE <input type="checkbox"/> PARKING GARAGE	<div style="border: 1px solid black; padding: 2px; display: inline-block;">NON-HABITABLE</div> <input type="checkbox"/> TANKS <input type="checkbox"/> RETAINING WALLS <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> ATTACHED GARAGE <input type="checkbox"/> CARPORT <input type="checkbox"/> SHED <input type="checkbox"/> ANTENNAS <input type="checkbox"/> RES GREENHOUSES <input type="checkbox"/> PARKING LOT <input type="checkbox"/> SIGNS <input type="checkbox"/> PATIO/DECK/PORCH <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> FIREPLACE <input type="checkbox"/> OTHER

ELECTRICAL			
	QTY		QTY
SERVICE _____		GENERATOR _____	
TEMP _____		DETECTORS _____	
PERM _____		WATER HTR _____	
OVERHEAD _____		OVENS _____	
UNDERGRD _____		WASHERS _____	
AMPS _____		DRYERS _____	
VOLTS _____		RANGES _____	
WIRE _____		COMMUNICATIONS	
PHASE _____		AMPLIFIERS _____	
RE-CONNECT _____		FIRE ALARM _____	
METER _____		BUGLAR _____	
RECEPTACLES _____		STROBE LIGHTS _____	
CIRCUITS _____		LOW VOLTAGE _____	
TRANSFORMER _____		ANTENNAS _____	

FOR OFFICE USE
PERMIT FEES
PROCESSING _____
TRANSFER FEE _____
ELECTRICAL
INSPECTIONS _____
PENALTY _____
TOTAL _____
FEES PAID _____

Approvals and Date:
 Plan Review: _____ Date: _____
 Approved _____ Denied _____
 On Hold _____

Continue on reverse side

I certify that I am a Saint Louis County license holder and I am the authorized agent applying for this permit with an agreement from the owner/lessee to perform this work. The scope and cost estimates are true and correct. I further understand that I am responsible for all inspections required under this permit.

All permits are good for 6-months from the date of issue

GENERAL CONTRACTOR/BUILDER/STRUCTURAL

Contractor's Name: _____ St Louis County License # _____
Address/City/State/Zip: _____
Telephone: _____ Fax: _____ Cell: _____
Email: _____ Website: _____
Signature: _____ Print Name: _____

MECHANICAL/HVAC

Contractor's Name: _____ St Louis County License # _____
Address/City/State/Zip: _____
Telephone: _____ Fax: _____ Cell: _____
Email: _____ Website: _____
Signature: _____ Print Name: _____

ELECTRICAL/ALARM/LOW VOLTAGE/COMMUNICATIONS

Contractor's Name: _____ St Louis County License # _____
Address/City/State/Zip: _____
Telephone: _____ Fax: _____ Cell: _____
Email: _____ Website: _____
Signature: _____ Print Name: _____

PLUMBER/DRAINLAYER

Contractor's Name: _____ St Louis County License # _____
Address/City/State/Zip: _____
Telephone: _____ Fax: _____ Cell: _____
Email: _____ Website: _____
Signature: _____ Print Name: _____