



# MECHANICAL PERMIT APPLICATION

2120 Hord Avenue: Jennings, MO 63136  
Phone: (314) 388-1164 Fax: (314) 867-6458

Permit #: \_\_\_\_\_

Date Issued: \_\_\_\_\_

**A PERMIT ISSUED SHALL BECOME INVALID IF THE AUTHORIZED WORK IS NOT COMMENCED WITHIN SIX (6) MONTHS AFTER THE ISSUANCE OF PERMIT.**

*Upon authorization permission is hereby granted, subject to license holder's compliance with all provisions contained in this permit and with the Electrical Code of the City of Jennings, Missouri, to complete electrical work as shown on plans submitted depicting scope and detail of work, and subject to the notations indicated on the approved plans or as listed by Building Official. Permits are subject to revocation, or a stop work order for cause at the discretion of the Building Official.*

PROPERTY ADDRESS: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

TYPE OF WORK:     RESIDENTIAL     COMMERCIAL

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

ESTIMATED COST OF WORK \_\_\_\_\_

# of Fixtures: \_\_\_\_\_ Furnace: \_\_\_\_\_ A/C: \_\_\_\_\_ Water Heater: \_\_\_\_\_ Pumps: \_\_\_\_\_

Heater: \_\_\_\_\_ Air Handlers: \_\_\_\_\_ Other: \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

CONTRACTOR PERSON: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ST. LOUIS CO. LICENSE NO \_\_\_\_\_

X \_\_\_\_\_  
Applicant's Signature and Date

**Inspections are required as checked below, call for inspections 24 hours in advance at 314-388-1164**

(Do Not Write Below This Line)

**INSEPTIONS:**

- Rough (before ductwork is hidden)
- Above Ceiling
- Final (when all work is complete)

Issued By: \_\_\_\_\_

Approved By: \_\_\_\_\_

**PERMIT FEES:**

Permit processing fee: \$ \_\_\_\_\_

Fixture fee: \$ \_\_\_\_\_

Inspection fee \$ \_\_\_\_\_

Contractor license fee: \$ \_\_\_\_\_

TOTAL PERMIT FEE \$ \_\_\_\_\_