

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/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

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: _____