

# MECHANICAL PERMITS

CITY OF AGEDALE  
1420 FERGUSON AVE  
AGEDALE, MO 63133

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

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 \_\_\_\_\_

DATE ISSUED:

TYPE OF WORK	TYPE OF STRUCTURE (CHECK ONE)		
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<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	<b>RESIDENTIAL</b> <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 _____	<b>COMMERCIAL</b> <input type="checkbox"/> THEATRES <input type="checkbox"/> RESTAURANT <input type="checkbox"/> NIGHTCLUB <input type="checkbox"/> CHURCHES & OTHER RELJGION <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	<b>NON-HABITABLE</b> <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
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<b>HEATING</b> QTY _____ TYPE _____ BTU/KW _____ FLUE _____	<b>FUEL LINE SIZE</b> 3/4" _____ 1" _____ 1 1/4" _____ 1 1/2" _____ 1 3/4" _____ 2" _____
<b>WATER HEATER</b> QTY _____ TYPE _____ BTU/KW _____ FLUE _____ GAL _____	<b>AIR CONDITIONERS</b> QTY _____ TONS _____

<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/WHOLESALES <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	<p style="text-align: center;"><b>FOR OFFICE USE</b></p> PERMIT FEES _____ PROCESSING _____ TRANSFER FEES: _____ MECHANICAL _____ INSPECTIONS _____ PENALTY _____ TOTAL _____ FEES PAID _____
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**Approvals and Date:**  
 Plan Review: \_\_\_\_\_ Date: \_\_\_\_\_  
 Approved \_\_\_\_\_ Denied \_\_\_\_\_  
 On Hold \_\_\_\_\_

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

Continue on reverse side—Commercial

# COMMERCIAL MECHANICAL

<p><b>WORK INVOLVES THE FOLLOWING:</b></p> <p><input type="checkbox"/> HVAC DUCT SYSTEM WORK</p> <p><input type="checkbox"/> PROCESS PIPING SYSTEM WORK</p> <p><input type="checkbox"/> HVAC SERVICER—INSTALLER WORK</p> <p><input type="checkbox"/> FIRE SUPPRESSION SYSTEM WORK</p> <p><input type="checkbox"/> WORK OTHER THAN THE ABOVE AND/OR WORK OTHERWISE EXEMPT FROM LICENSING</p> <p><input type="checkbox"/> MANUFACTURER/MANUFACTURER'S REPRESENTATIVE RESTRICTED WORK</p> <p><input type="checkbox"/> REPAIR/ALTERATION OF BOILERS, STEAM, GENERATORS, &amp; PRESSURE VESSELS BY BOILER AND PRESSURE VESSEL INSPECTORS</p> <p><input type="checkbox"/> WORK BY OWNER, LESSEE OR PROPERTY MANAGER, EXEMPT FROM LICENSING</p>	<p><b>SCOPE OF WORK:</b></p> <p><input type="checkbox"/> WORK TO BE AUTHORIZED BY THIS PERMIT IS MY WORK ONLY</p> <p><input type="checkbox"/> WORK TO BE AUTHORIZED BY THIS PERMIT INCLUDES WORK BY THE FOLLOWING SUB-CONTRACTORS FOR WHICH I WILL BE ACCOUNTABLE:</p> <p>SUB. 1 _____ LIC NO _____</p> <p>SUB. 2 _____ LIC NO _____</p> <p><b>TOTAL PROJECT SCOPE OF WORK:</b></p> <p>MECHANICAL WORK ONLY <input type="checkbox"/> YES</p> <p>BUILDING WITH MECH. WORK <input type="checkbox"/> YES</p> <p>BERKELEY BUILDING PERMIT # _____</p> <p><b>EST. COST OF MECH WORK: \$</b> _____</p>
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## COMMERCIAL MECHANICAL DEVICES

DESCRIPTION	QTY	DESCRIPTION	QTY
AIR HANDLER	_____	HVAC SYSTEMS—HEATING SYSTEMS	
AUTO LIFT	_____	UNDER 100 MBH	_____
BOILERS—HIGH PRESSURE	_____	100-400 MBH	_____
WITH MANHOLE	_____	401-1000 MBH	_____
WITHOUT MANHOLE	_____	OVER 1000 MBH	_____
BOILERS—LOW PRESSURE	_____	BASEBOARD HEATER	_____
WITH MANHOLE	_____	BOILER HOT WATER HEATER	_____
WITHOUT MANHOLE	_____	CABINET HEATER	_____
CHUTE REFUSE	_____	CONVERSION HEATER	_____
CONVEYOR—POWER OPERATED	_____	DUCT FURNACE	_____
DAMPER—SMOKE	_____	FORCED AIR FURNACE	_____
DAMPER—FIRE	_____	GRAVITY AIR FURNACE	_____
DRYCLEANING UNIT	_____	INFRA-RED HEATER	_____
DRYER—CLOTHES—COMMERCIAL	_____	INCINERATOR	_____
DRYER CLOTHES—RESIDENTIAL	_____	KITCHEN—COMMERCIAL	
ELEVATOR—FREIGHT	_____	BROILER	_____
ELEVATOR—PASSENGER	_____	FRYER /FAT	_____
ESCALATOR	_____	GRILL/GRIDDLE	_____
FAN EXHAUST	_____	KETTLE	_____
FAN SUPPLY	_____	OVEN—BAKING AND ROASTING	_____
FIREPLACE	_____	RANGE—COMMERCIAL SIZE	_____
FIRE SUPPRESSIONS SYSTEMS		KITCHEN HOOD—EXHAUST SYSTEM	
SPRINKLERS	_____	UP TO 5000 CFM	_____
HALON	_____	OVER 5000 CFM	_____
CARBON DIOXIDE	_____	OTHER—EXHAUST SYSTEM	_____
DRY CHEMICAL	_____		
OTHER	_____		
KITCHEN HOOD FIRE SUPPRESSION	_____	PAIN T SPRAY BOOTH	_____
FURNACE—INDUSTRIAL	_____	UNDERGROUND FUEL STORAGE TANKS	_____
HOT WATER HEATER/STORAGE TANKS			
(DIRECT FIRED 120 GALLONS OR MORE)	_____		
HVAC SYSTEMS—AIR CONDITIONING		GASOLINE DISPENSERS	_____
UNDER 2000 CFM OR 5 TON	_____		
2000-15000 CFM OR 5-38 TON	_____	OTHER WORK:	
OVER 15000 CFM OR 38 TON	_____	_____	_____
CHILLER	_____	_____	_____
COOLING TOWER	_____	_____	_____
EVAPORATOR COOLER	_____	_____	_____

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**

Contractor's Name: \_\_\_\_\_ St Louis County License # \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_