

**BUILDING REGULATIONS
CITY OF ST. JOSEPH, MISSOURI**

APPLICATION FOR PLUMBING AND GAS PERMIT

PERMIT
FORM **B**

PROJECT ADDRESS _____ **OWNERS NAME:** _____

TYPE WORK: NEW ALTER REPLACE REPAIR REMOVE

APPLICANT
FOR PERMIT: NAME OF LICENSED CONTRACTOR _____ Address: _____ Phone: _____

Occupation License No: _____ **NOTE:** Applicant must also have valid St. Joseph, MO Master Plumber License

USE OF BUILDING

| GAS PIPING INSTALLATION | | | | PLUMBING INSTALLATION | | | |
|-------------------------|--------|--------|---------|-------------------------------|--------|--------|---------|
| Unit Type | Number | Amount | Remarks | Unit Type | Number | Amount | Remarks |
| Gas Service | | | | Permit Issuance (1) | | | |
| Furnance (All Types) | | | | Sewer (New or Repair) | | | |
| Boiler | | | | Water Service (New or Repair) | | | |
| Unit Heater | | | | Lawn Sprinklers | | | |
| Range | | | | Water Heater (New or Repair) | | | |
| Fireplace | | | | Water Closet | | | |
| Refrigeration Unit | | | | Urinal | | | |
| Water Heater | | | | Bath Tub | | | |
| Clothes Dryer | | | | Shower Bath | | | |
| Gas Air Conditioner | | | | Lavoratories | | | |
| Barbeque Grill | | | | Kitchen Sink | | | |
| Gas Lights | | | | Service Sink | | | |
| | | | | Bar Sink | | | |
| | | | | Wash Tray | | | |
| | | | | Floor Drains | | | |
| | | | | Septic Tanks | | | |
| | | | | Dishwasher | | | |
| | | | | Drinking Fountains | | | |
| | | | | Garbage Disposal | | | |
| | | | | Automatic Washers | | | |
| | | | | Back Flow Preventer | | | |

NOTE: INDICATE "BY OTHERS" IN REMARKS ABOVE FOR ALL ITEMS NOT INSTALLED UNDER THE PERMIT.

SUSPENSION OF PERMIT: Any permit issued shall become invalid if the authorized work is not commenced within six months after issuance of the permit, or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work.

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|---|---|
| REMARKS: | VALUATION OF WORK:(SEE INSTRUCTIONS BELOW \$ |
| I hereby affirm as the owner or owners representative the above statements are true and correct and also agree to comply with the provisions of the Building Code and other applicable ordinances and laws. | |
| | <input type="checkbox"/> AGENT <input type="checkbox"/> APPLICANT Phone: _____ |
| SIGNATURE: _____ | DATE: _____ ADDRESS: _____ |

PERMIT OFFICE WILL COMPLETE FORM BELOW THIS LINE

| INSTRUCTIONS TO APPLICANT: | VALUATION: \$ | FEE: \$ |
|--|---|----------------|
| 1. Valuation is based on all costs of labor and material for plumbing and gas work regulated by the Code. <input type="checkbox"/> NO PLANS REQUIRED <input type="checkbox"/> PLANS FILED UNDER THIS PERMIT <input type="checkbox"/> PLANS FILED WITH BUILDING PERMIT | Permission is hereby granted to perform the work included in this application. This permit shall not be constructed to permit any violation of applicable laws or ordinances. _____ Signature Date | |
| THIS APPLICATION BECOMES A PERMIT WHEN VALIDATED HERE -----> | PERMIT NUMBER | DATE |
| | AMOUNT OF FEE | WORK COMPLETED |

Applicant Finance Office Inspector