Plumbing Permit Application

Jefferson County Code Enforcement
PO BOX 100 / 725 Maple Street
Hillsboro, MO 63050
Phone: 636-797-5310
Fax: 636-797-5077

Permit: _____ _____
Int.

Date: _____

PROJECT INFORMATON & LOCATION:

Project Type: ☐ Residential ☐ Commercial

Structure Type: ☐ New Building ☐ Existing Building ☐ Non-Habitable ☐ Temporary Structure

Project Address _____
Street City Zip

Parcel #_____ Subd. _____ Lot _____

OWNER INFORMATION:

Owner _____
Name Phone #

Owner Address _____
Street Address City State Zip Code

Tenant or Business Name _____ ☐ Existing ☐ New

ITEM:	NUMBER	FEE
Bathrooms:		
Tub/Shower	_____	_____
Toilet/Lavatory	_____	_____
Kitchen:		
Sink/Dishwasher	_____	_____
Laundry/Basement:		
Washer/Floor Drain	_____	_____
Water Softener	_____	_____
Water Distribution System or Service	_____	_____
Repair or Alteration of any Plumbing System	_____	_____
Inspections:		
Ground Rough Inspection		_____
Wall Rough Inspection		_____
Processing Fee		_____
Final Inspection Fee		_____
Total Permit Fee		_____

NOTICE:
I understand if the information I have given above is not true, my permit may be revoked by the Jefferson County Code Enforcement, and I agree to abide by, and comply with, the conditions of all Building regulations/Code Ordinances.

A FINAL INSPECTION MUST BE COMPLETED ON EVERY PERMIT. FAILURE TO COMPLY WILL RESULT IN THE **DISCONNECT OF ALL APPLICABLE UTILITIES, STOPPAGE OF WORK AND POSSIBLE LEGAL ACTION**!

CONTRACTOR/APPLICANT INFORMATON & CERTIFICATION:

Contractor/Applicant _____
☐ Business Name ☐ Applicant Certification # Phone #

Contractor/Applicant Address _____
Street Address City State Zip Code

Email address _____

Contractor Signature is required.

To expedite this application please include a completed Contractor Signature Form with this application.