



City of Byrnes Mill

141 Osage Executive Circle • Byrnes Mill, MO 63051
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www.byrnesmill.org

OFFICE USE ONLY

App. Approved: Yes No Date: _____

Permit # _____

Permit Fee: Cash Check # _____ Credit/Debit

Amount: _____ Date: _____

PLUMBING PERMIT APPLICATION

PROJECT INFORMATION & LOCATION

Project Type: Residential Commercial

Structure Type: New Building Existing Building Temporary Structure

Brief Description of Work: _____

Project Address: _____

Subdivision: _____ Lot # _____

OWNER/CONTRACTOR INFORMATION

Owner: _____ Contractor: _____

Owner Address: _____ Contractor Address: _____

Phone: _____ Email: _____ Phone: _____ Email: _____

ITEM

NUMBER

Tub/Shower _____

Toilet/Lavatory _____

Sink/Dishwasher _____

Washer/Floor Drain _____

Water Softener/Distribution System _____

Repair/Alter any Plumbing System _____

NOTICE: I understand if the information I have given above is not true, my permit may be revoked by Byrnes Mill 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

I hereby certify that the owner(s) of record authorizes the proposed work and I have been authorized by the owner(s) to make this application as their agent. Inspections must be requested 48 hours in advance.

Applicant Signature: _____

Date: _____

Phone: _____

Email: _____