

# City of Ladue Building Department Plumbing and Drainlaying Permit Application

***IMPORTANT – PLEASE NOTE***

WHEN INSTALLING ADDITIONAL BATHROOMS OR FIXTURE UNITS, CURRENT WATER SERVICE MAY NEED TO BE INCREASED.

Date: \_\_\_\_\_

Work being done for: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address where work is to be done: \_\_\_\_\_

Master Plumber and/or Drainlayer: \_\_\_\_\_

Type of Work: (Check all that apply)

Fixtures: \_\_\_\_\_ Water Tap: \_\_\_\_\_ Drainlaying: \_\_\_\_\_ Backflow Preventor: \_\_\_\_\_

Sewer: \_\_\_\_\_ (# of feet of sewer from 3 ft. outside foundation wall to City Sewer)

Other: \_\_\_\_\_

Excavation:

Public Street: \_\_\_\_\_ Private Street: \_\_\_\_\_

**I agree to do all of the above work in strict accordance with the City Ordinance and the International Plumbing Code 2006. I hereby certify that no roof water or surface water will be connected to the sanitary sewer at any point. I hereby certify that the water service for above project is sufficient. (The general rule is 3/4 inch=1.5 baths, 1 inch=3.5 baths, 1.25 inch=6 full baths)**

Plumbing Contractor: \_\_\_\_\_ County Plumbing # P \_\_\_\_\_

\_\_\_\_\_ County Drainlaying # D \_\_\_\_\_

\_\_\_\_\_ County Water Htr. # W \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Ladue License # L \_\_\_\_\_

**Commercial Plumbing Permit: \$ \_\_\_\_\_**  
**estimated cost of project**

Office Use Only:

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions: \_\_\_\_\_