



City of Union

ELECTRICAL PERMIT APPLICATION

10 E. Locust Street
Union, MO 63084

Phone: (636) 583-1805 Fax: (636) 583-4091

Permit No.

Date

<u>Building Address:</u>		Ameren UE will not hook up a meter unless it has been inspected by the City of Union Building Inspector and the meter base has a sticker attached to it certifying that it has passed the inspection performed by the City.											
<u>Owner & Address:</u>	<u>Phone No.</u>												
<u>Email Address:</u>	<u>Cell No.</u>												
<u>Contractor Name & Address:</u>		Does the Contractor have a current City of Union Business License?											
<u>Email Address:</u>		<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">YES</td> <td style="width: 33%; text-align: center;">NO</td> <td style="width: 33%; text-align: center;">N/A</td> </tr> </table>	YES	NO	N/A								
YES	NO	N/A											
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Is this for an OVERHEAD SERVICE?</td> <td style="width: 33%;">YES</td> <td style="width: 33%;">NO</td> </tr> <tr> <td>Is this a TEMPORARY SERVICE?</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Is this STORM DAMAGE REPAIR?</td> <td>YES</td> <td>NO</td> </tr> </table>		Is this for an OVERHEAD SERVICE?	YES	NO	Is this a TEMPORARY SERVICE?	YES	NO	Is this STORM DAMAGE REPAIR?	YES	NO	Have you contacted Ameren UE? <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">YES</td> <td style="width: 33%; text-align: center;">NO</td> </tr> </table>	YES	NO
Is this for an OVERHEAD SERVICE?	YES	NO											
Is this a TEMPORARY SERVICE?	YES	NO											
Is this STORM DAMAGE REPAIR?	YES	NO											
YES	NO												
<u>If this is for a COMMERCIAL, INDUSTRIAL, OR INSTITUTIONAL Electrical permit, are all parking lots and/or driveways paved?</u> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table>		YES	NO	Ameren UE Telephone No. 1 (800) 552-7583									
YES	NO												
<u>Detailed Description of Work:</u> <u>Estimated Construction Cost:</u> _____		<p style="background-color: yellow;">When Ameren is contacted they will give you a nine (9) digit PREMISE NUMBER. We have to have this premise number when we call in your inspection or Ameren will reject it.</p> Premise No. _____											
I have carefully examined and read the contents of this application and know that the information contained herein is correct, and that in doing the work described herein that all provisions of the Ordinances of the City of Union – Union, MO and the applicable laws of the State of Missouri will be complied with. I further accept the conditions as required to obtain this permit.		<table style="width: 100%; border: none;"> <tr> <td>Est. Const. Cost</td> <td>\$ _____</td> </tr> <tr> <td>Admin. Fee</td> <td>\$ _____</td> </tr> <tr> <td>Permit Fee</td> <td>\$ _____</td> </tr> <tr> <td>TOTAL</td> <td>\$ _____</td> </tr> </table>	Est. Const. Cost	\$ _____	Admin. Fee	\$ _____	Permit Fee	\$ _____	TOTAL	\$ _____			
Est. Const. Cost	\$ _____												
Admin. Fee	\$ _____												
Permit Fee	\$ _____												
TOTAL	\$ _____												
Signed: _____ Date: _____ Issued By: _____		<u>Paid By:</u> Check No. _____ Cash Credit/Debit											

24 HOURS NOTICE FOR INSPECTIONS 7/2020