

# HVAC / ROOFING / SIDING PERMIT APPLICATION

- HVAC Permit
- Roofing Permit
- Siding Permit

**City of Bellefontaine Neighbors**  
 9641 Bellefontaine Road  
 Bellefontaine Neighbors, MO 63137  
 (314) 867-0076

Date: \_\_\_\_\_ Permit #: \_\_\_\_\_

Project Address: \_\_\_\_\_ Receipt No. \_\_\_\_\_

Owner: \_\_\_\_\_ Address \_\_\_\_\_ Phone Nos. \_\_\_\_\_

Contractor: \_\_\_\_\_ Address \_\_\_\_\_ Phone Nos. \_\_\_\_\_

Subcontractor: \_\_\_\_\_ Address \_\_\_\_\_ Phone Nos. \_\_\_\_\_

HEATING		
Unit No. _____		
BTU Capacity	a	f
Volts	Amps	Wire Size

AIR CONDITIONING				
Unit No. _____				
BTU Capacity Output _____				
Fan Drive	Direct	Belt		
CFM Capacity at	High	Medium	Low	Speeds
Condenser Location	Rear Yard		Side Yard	

ROOFING		
ITEM	Over 3' to 12'	Under 3' to 12'
Type of Material		
Square Feet		
Weight per Sq.		
Weight of Felt		
Over Old Roof		
Remove Old Roof		
Attic Ventilation		

SIDING		
ITEM	TYPE	COLOR
Siding		
J-Channel		
Soffit		
Fascia		
Trim Cover		
Insulation		
Back Board		
Paper		
Louvers		
Gutters		
Remove Old Siding		
Repairs to be Made		

With the information herein, I/we make application to install  HVAC  Roofing  Siding and affirm the statements made herein are true and correct. I/we agree to comply with engineer specifications and other provisions of the ordinances of the City.

**IMPORTANT:** Do not begin work until the Authorization Card is displayed on the premises. Be sure to notify the Building Official of the day work is to begin and the day work will be completed for inspections.

Total Construction Cost \_\_\_\_\_  
 Owner / Agent \_\_\_\_\_

Date Start \_\_\_\_\_  
 Contractor \_\_\_\_\_

This is to certify that permission is granted to the above Applicant to proceed as described in the above Application and in accordance with the provisions of the Ordinances of the City of Bellefontaine Neighbors, MO and subject to:

**Final Inspection**  
 Approved By \_\_\_\_\_  
 Date \_\_\_\_\_

Approved Date \_\_\_\_\_  
 By \_\_\_\_\_  
 By \_\_\_\_\_