

City of Union  
**Electrical Permit Application**

500 East Locust  
 Union, MO 63084  
 Phone: (636) 583-1805 Fax: (636) 583-4509

<u>Permit No.</u>
<u>Date</u>

<u>Building Address</u>	<b><u>ARE ALL PARKING SPACES AND/OR DRIVES PAVED IN ACCORDANCE WITH SECTION 405.780?</u></b>				
<u>Owner &amp; Address</u>	<table style="width: 100%;"> <tr> <td style="width: 50%;"><u>Phone No.</u></td> <td style="width: 50%; text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></td> </tr> <tr> <td><u>Cell No.</u></td> <td></td> </tr> </table>	<u>Phone No.</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>Cell No.</u>	
<u>Phone No.</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
<u>Cell No.</u>					
<u>Contractor Name &amp; Address</u>	<table style="width: 100%;"> <tr> <td style="width: 50%;"><u>Phone No.</u></td> <td style="width: 50%;">Does the Contractor have a current City of Union Business License</td> </tr> <tr> <td><u>Cell No.</u></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></td> </tr> </table>	<u>Phone No.</u>	Does the Contractor have a current City of Union Business License	<u>Cell No.</u>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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<u>Cell No.</u>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
Is this an overhead service? Yes <input type="checkbox"/> No <input type="checkbox"/> Is this an underground service? Yes <input type="checkbox"/> No <input type="checkbox"/> Is this a temporary service? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you contacted Ameren UE? Yes <input type="checkbox"/> No <input type="checkbox"/>				
<u>Detailed description of work:</u>	Ameren UE Telephone No. 1- (800) 552-7583				
Estimated Construction Cost \$ _____	When Ameren is contacted they will give you a nine digit <b>PREMISE NUMBER</b> . We have to have this premise number when we call in your inspection or Ameren will reject it. <b>Premise number:</b> _____				
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.	Est. Const. Cost \$ _____ Admin. Fees \$ _____ Permit Fee \$ _____ <b>TOTAL \$ _____</b>				
Signed _____ Date _____ Permit Issued By _____ Date _____	Paid by Check No. _____ Paid by Cash <input type="checkbox"/> Paid by Visa <input type="checkbox"/> M/C <input type="checkbox"/> Debit <input type="checkbox"/>				

**CALL (636) 583-1805 FOR ALL INSPECTIONS (WE NEED 24 HOURS NOTICE)**