



INSPECTIONS DEPARTMENT
8425 Airport Road
Berkeley, MO 63134
(314) 400-3713

ELECTRICAL METER RECONNECT APPLICATION

AMEREN PREMISE NUMBER: _____

APPLICANTS: COMPLETE ALL ITEMS AND SUBMIT WITH ALL SUPPORTING DOCUMENTS.

Location of Reconnection: _____

Street Address

Subdivision

Lot

Property Owner:

Name

Main Phone

Cell Phone

Street Address

City

State

Zip

Electrical Contractor:

Name

Main Phone

Cell Phone

Street Address

City

State

Zip

Reason for Meter Inspection (check all that apply): REQUIRED

- Existing Building Alterations
- Vacant Structure (Reconnect)
- Damage Due to Fire

- Other Damage or Acts of God
- Relocation
- Upgrade

TOTAL COST OF IMPROVEMENT: \$ _____

TYPE (check all that apply): REQUIRED

- SERVICE _____
- TEMP _____
- PERM _____

- UNDERGRD _____
- VOLTAGE _____
- OVERHEAD _____

- PHASE _____
- PANEL SIZE (Amps) _____
- WIRE _____

*****Electric Service Permit and Inspection is REQUIRED.*****

I hereby declare that the above information is correct, and I do agree, in consideration of and upon issuance of a building permit to perform only such work as described herein. I further declare that I am the owner, his contractor, or authorized agent and have permission from the owner to apply for this permit. I/WE AGREE TO CONFROM TO ALL APPLICABLE LAWS, ORDINANCES AND CODES OF THIS JURISDICTION.

Print Name

Signature

Date

*****INSPECTIONS DEPARTMENT USE ONLY*****

Electrical Permit No: _____

PERMIT FEE: \$120.00

Date Issued: _____

Approved By: _____

Date: _____