



APPLICATION FOR MASTER PLUMBER AND/OR MASTER DRAINLAYER LICENSE

Email application, Master Plumber/Master Drainlayer License, and photo ID to: CDPermits@overlandmo.org

FOR DEPARTMENT OF COMMUNITY DEVELOPMENT USE ONLY

Overland License #	Date Issued	Expiration Date

DATE OF APPLICATION: _____

COMPANY INFORMATION:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Email Address: _____

COMPANY INFORMATION:

Name of Master Plumber/Drainlayer: _____

I am applying for:

Master Plumber (\$50.00) Master Drainlayer (\$50.00) Combined MP/MD (\$100.00)

Application for Master Plumber and/or Master Drainlayer License (Revised: June 2024)

Department of Community Development

Telephone Number (314) 227-2930 • Fax Number (314) 428-4960

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NOTICE TO APPLICANT

Any City-licensed master, employing plumber or drainlayer may engage in the business of plumbing and drain laying upon furnishing the City with a Certificate of Insurance in the amount of One Million (\$1,000,000.00) Dollars per occurrence. You must also submit a copy of your St. Louis County Plumbers/Drainlayers License.

I HEREBY CERTIFY THAT I AM CURRENTLY LICENSED BY ST. LOUIS COUNTY;

Applicant Name:

Signature

Company Name:

Printed Name

County License #:

Date:

THE FOLLOWING INDIVIDUALS ARE HEREBY AUTHORIZED TO OBTAIN PERMITS UNDER MY LICENSE;

Name and Title:

Name and Title:
