

# FIRE PERMIT APPLICATION



- Two complete sets of sealed plans
- This form only required if not included in building permit

**PROJECT ADDRESS** \_\_\_\_\_

**THIS APPLICATION MUST BE ACCOMPANIED BY TWO (2) SETS OF COMPLETE SEALED PLANS. INCOMPLETE APPLICATIONS OR PLANS WILL NOT BE REVIEWED BY THE DEPARTMENT. APPLICANTS MUST OBTAIN MECHANICAL, ELECTRICAL, PLUMBING PERMITS FROM THE ST. LOUIS COUNTY DEPARTMENT OF PUBLIC WORKS PRIOR TO COMMENCING CONSTRUCTION.**

PROPERTY INFORMATION	
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PROJECT ADDRESS:	SUITE:
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BUSINESS NAME:
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APPLICANT INFORMATION
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BUSINESS NAME:
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ADDRESS:	CITY/STATE:
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CONTACT NAME:	PHONE:
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EMAIL ADDRESS:
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Are you the:    Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Architect <input type="checkbox"/>
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TYPE OF WORK
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- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Alteration        | <input type="checkbox"/> Hood Suppression | <input type="checkbox"/> Sprinkler System |
| <input type="checkbox"/> Fire Alarm System | <input type="checkbox"/> New Construction | <input type="checkbox"/> White Box        |
| <input type="checkbox"/> Fire Repair       | <input type="checkbox"/> Shell            | <input type="checkbox"/> Other _____      |

PROJECT INFORMATION
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EST COST OF CONSTRUCTION:	SQ FT:
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**I certify that I am authorized to apply for this permit and all information herein to my knowledge is correct. I understand work cannot commence until this permit has been approved and issued.**

**Applicant signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>Office Use Only:</b>			
APPROVED BY: _____	PERMIT #: _____	Permit Fee \$ _____	
Notified for pick-up on _____	<input type="checkbox"/> Phone	<input type="checkbox"/> Voicemail	<input type="checkbox"/> E-mail