

MARYLAND HEIGHTS FIRE PROTECTION DISTRICT

PERMIT APPLICATION

NOTE: Electronic Submission required for all Plans. Zip Drive, FTP or email.

Date: _____

I, _____
Print

Owner

Contractor

Agent

Signed

Hereby make application to the Maryland Heights Fire Protection District for permit for the following project,
located at: _____

Total Sq. Ft. of Project _____

Cost of Construction: \$ _____

Person to be contacted for pickup: _____ Phone: _____

Email: _____

Owner Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Contact Numbers: Phone: _____ Cell: _____

Contractor Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Contact Numbers: Phone: _____ Cell: _____

Tenant Name: _____

Contact Numbers: Phone: _____ Cell: _____

Project Type:

Revised statutes of Missouri HAVE been used for the funding of this project.

Check all that apply:

Chapter 99 Tax Increment Financing

Chapter 100 Industrial Bonds Agreement

Chapter 353 Urban Development

Revised statutes of Missouri Chapters 99, 100 and/or 353 HAVE NOT been used for the funding of this project.

OFFICE USE ONLY 8-22

Plans Reviewed By: _____ Date: _____ Occupancy ID #: _____

Comments: _____

Construction Type: _____

Building Sprinkler

Use Group: _____

Knox Box

Full

Permit Number: _____

704 Placard

Partial

Permit Type: _____

Alarm System

N/A

Fee: \$ _____

Date Paid: _____

Check #: _____

Approved & Issued By: Fire Marshal _____ Date: _____