



DEPARTMENT OF COMMUNITY DEVELOPMENT

200 North Second Street, Suite 303

St. Charles, MO 63301

Phone: 636-949-3227

Fax: 636-949-3557

FIRE PERMIT APPLICATION FORM

DATE: _____ PERMIT NUMBER: _____

PROJECT NAME: _____

TYPE OF BUSINESS: _____

PROJECT ADDRESS: _____

FIRE CONTRACTOR NAME/ADDRESS: _____

CONTACT NAME: _____ PHONE: _____

CONTACT EMAIL: _____

PERMIT REQUIREMENTS

Completed Permit Application

Two Sets Of Plans/Drawings

Permit Fee (Per system/event)

The above listed applicant hereby makes application for the following:

- Fire Suppression System Installation/Modification (\$50.00)
- Fire Alarm System Installation/Modification (\$50.00)
- Fire Suppression For Commercial Kitchen Hood System (\$50.00)
- Commercial open burn permits - not recreational (\$50.00)
- Installation or removal of above/underground storage tanks (indicate # of tanks, sizes, & contents) (\$50.00)
- Fire operational permit (\$25.00)

Scope of Work: _____

*****Fire Operational Permit Only*****

Name of event: _____ Type of event: _____

Event Date(s): _____ Dates & Times (Please list all days separately in table below):

Start Date	Start Time	End Date	End Time	Space	Function

Upon receipt of proper paperwork, required permit fee and the Building Commissioners approval your permit will be issued. Details regarding the above request must be filed when application is made and whenever requested by the Building Commissioner. It is the applicant's responsibility to ensure that conditions are in accordance with the applicable State, Local Fire, and Building Codes.

Applicant Name (Printed): _____

Signature of Applicant: _____

Date Received Stamp