



APPLICATION FOR PERMIT/PLAN REVIEW

Date Received _____ Initials _____

Project Name _____

Project Address _____

Development Name _____ Lot _____ BLDG# _____

TYPE OF PERMIT	PROPOSED USE	
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/Replace <input type="checkbox"/> Fire Suppression System <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Temporary Structure (Tent) <input type="checkbox"/> Fireworks (Display or Sales) <input type="checkbox"/> Storage Tank Install/Removal <input type="checkbox"/> Site Plan Review	<input type="checkbox"/> Multi-Family <input type="checkbox"/> Office, Professional <input type="checkbox"/> Industrial <input type="checkbox"/> Warehouse/Storage <input type="checkbox"/> Restaurant <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Church	<input type="checkbox"/> Mercantile <input type="checkbox"/> School/Educational <input type="checkbox"/> Hospital, Institutional <input type="checkbox"/> Service Station/Garage <input type="checkbox"/> Parking Garage <input type="checkbox"/> Tanks/Towers <input type="checkbox"/> Amusement/Recreation <input type="checkbox"/> Other _____

TYPE OF FRAME	Fire Alarm System: Y N Fire Sprinkler System: Y N	
<input type="checkbox"/> Masonry (wall bearing) <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Other _____	TOTAL SQUARE FOOTAGE _____ NUMBER OF STORIES _____ ESTIMATED COST/CONSTRUCTION \$ _____	

NAME	ADDRESS	PHONE & EMAIL
Owner/Permit Applicant		
Contractor		
Architect		

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent, and we agree to conform to all applicable laws of this jurisdiction. I understand that an occupancy permit from O'Fallon Fire Protection District will be required.

Signature	Phone Number
Print Name	Date

OFFICE USE ONLY	USE GROUP _____	FIRE GRADING _____
PERMIT #	FIRE PERMIT FEE	\$ _____
	PLAN REVIEW FEE	\$ _____
FIRE OFFICIAL	OCCUPANCY PERMIT	\$ _____
	TOTAL FEE DUE	\$ _____

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