

ST. CLAIR FIRE PROTECTION DISTRICT
470 E. NORTH STREET, ST. CLAIR, MO 63077 | PHONE (636)-629-2727

APPLICATION FOR BUILDING PERMIT

I (OWNER/AGENT) _____ DATE _____ / _____ / _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

DO HEREBY MAKE APPLICATION TO THE ST. CLAIR FIRE PROTECTION DISTRICT TO BUILD

SINGLE FAMILY RESID.	<input type="checkbox"/>	MOBILE/MODULAR HOME	<input type="checkbox"/>	MULTI STORY	<input type="checkbox"/>
FINISHED BASEMENT	<input type="checkbox"/>	UNFINISHED BASEMENT	<input type="checkbox"/>	ATTACHED GARAGE	<input type="checkbox"/>
RESID. ADDITION	<input type="checkbox"/>	RESID. REMODEL	<input type="checkbox"/>	GARAGE	<input type="checkbox"/>
MULTI-FAMILY	<input type="checkbox"/>	REPAIR FIRE DAMAGE	<input type="checkbox"/>	POLE BARN	<input type="checkbox"/>

CONSTRUCTION PROJECT OWNER _____

BUILDING SITE ADDRESS _____

COMMERCIAL BLDG.	<input type="checkbox"/>	INSTITUTIONAL BLDG.	<input type="checkbox"/>	INDUSTRIAL BLDG.	<input type="checkbox"/>
COMM. ADDITION	<input type="checkbox"/>	COMM. REMODEL	<input type="checkbox"/>	FIRE DAMAGE	<input type="checkbox"/>
OTHER	_____				

ESTIMATED CONSTRUCTION COST ON COMMERCIAL

SUBDIVISION (IF APPLICABLE) _____ LOT NO. _____

BUSINESS NAME (IF APPLICABLE) _____

CONSTRUCTION ADDRESS _____

CONTRACTOR _____ PHONE # _____

EMAIL ADDRESS _____

TWO (2) SETS OF PLANS ARE TO BE SUBMITTED WITH THIS APPLICATION (ONE SET TO BE RETURNED MARKED APPROVED UPON RECEIPT OF PAYMENT OF PERMIT FEE). ROUGH-IN, DRYWALL AND FINAL INSPECTIONS MUST BE MADE AND APPROVED BEFORE OCCUPANCY OR USE OF THE STRUCTURE CAN BE PERMITTED. BUILDING PERMIT CARD MUST BE POSTED ON CONSTRUCTION SITE, OR INSPECTIONS WILL NOT BE MADE. FIRE DISTRICT APPROVED PLANS MUST REMAIN ON THE BUILDING SITE AT ALL TIMES. PERMIT GOOD FOR ONE YEAR FROM DATE OF APPLICATION.

"BY SIGNING BELOW, YOU ACCEPT WITHOUT LIMITATION OR QUALIFICATION, THE TERMS AND CONDITIONS CONTAINED HEREIN AND ALL RULES, REGULATIONS, ORDINANCES OR LAWS RELATED THERETO"

OWNER/AGENT (PRINT) _____ SIGNATURE _____

FOR OFFICE USE ONLY

PERMIT # _____ ISSUED BY _____ DATE _____ / _____ / _____

FEE \$ _____ RECEIVED BY _____ DATE _____ / _____ / _____

CHECK #: _____ MONEY ORDER #: _____
White Copy - Fire District Canary Copy - Applicant