

PERMIT #: _____

SULLIVAN FIRE PROTECTION DISTRICT BUILDING PERMIT

P.O. Box 475 • SULLIVAN, Mo. 63080 • 573-468-6161 • FAX 573-468-2623 • EMAIL: SFPDFIREMARSHAL@GMAIL.COM



Applicants are to fill out top section. Please submit a copy of any building plans when submitting application. Applicant will be responsible for contacting the fire marshal to inspect during construction, fire protection systems testing, and final inspection. The Sullivan Fire Protection District has adopted and follows the 2018 ICC Building and Fire Codes. After plan review and permit fees are paid, a building permit will be issued. Any questions please contact the fire marshal.

Date: _____

Physical Address: _____ Business Name: _____

Property Owner Name: _____ Property Owner Phone: _____ email: _____

Contractor Name: _____ Contractor Address: _____ Contractor Phone: _____

Proposed Work Type: _____

Building Use Group: _____ Building Type: _____ Width: _____ Length: _____ Stories: _____ Est. Cost \$: _____

Sullivan City Limits: Yes / No County: _____ Fire Alarm: Yes / No Sprinkler System: Yes / No Hood System: Yes / No

*** A Knox Box will be required for all new construction, or any buildings being remodeled that have a fire alarm or sprinkler system. Applicants will be responsible for purchasing their own box from www.knoxbox.com. Enter state of Missouri and Sullivan FPD for our key code. Installation will be done by applicant/contractor and must be mounted to the right of front door.

Fire District Use Only

Date Received: _____ Sq. Ft.: _____ Fee: _____ Paid Date: _____ Permit Issued Date: _____

DATE	ACTION	INSPECTOR

FINAL INSPECTION DATE: _____ INSPECTOR: _____