

SULLIVAN FIRE PROTECTION DISTRICT OCCUPANCY PERMIT

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

PERMIT #: _____



Applicants are to fill out top section. A life safety inspection of your business will be conducted. Before the business can open, all violations must be corrected. The Sullivan Fire Protection District has adopted and follows the 2018 ICC Building and Fire Codes. Permit fees must be paid at time the application is submitted. Any questions please contact the fire marshal.

Date: _____

Physical Address: _____ Business Name: _____

Business Owner Name: _____ Business Owner Phone: _____ email: _____

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

Building Use Group: _____ Building Type: _____ Width: _____ Length: _____ Stories: _____

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

**** A key box for emergencies after hours is highly recommended so first responders can make access to the building without creating damage. 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	ACTION	INSPECTOR

FINAL INSPECTION DATE: _____ INSPECTOR: _____