



PATTONVILLE FIRE PROTECTION DISTRICT

13900 St. Charles Rock Road, Bridgeton, MO 63044
Phone: (314) 739-3118 • Fax: (314) 739-5477 • www.pattonvillefd.com
Fire Marshal's Office (314) 281-5026 firemarshal@pattonvillefd.com

CONSTRUCTION PERMIT APPLICATION

This project is utilizing abatement or incentives pursuant to MO Statute Chapters 99, 100 or 353

BUSINESS INFORMATION			
PROJECT ADDRESS:			SUITE:
BUSINESS NAME:			
BUSINESS CONTACT NAME:		CELL:	EMAIL:
PROPERTY OWNER INFORMATION			
PROPERTY OWNER:			PHONE:
EMAIL:			FAX:
ADDRESS:		CITY/STATE/ZIP:	
CONTRACTOR INFORMATION			
CONTRACTOR NAME:			PHONE:
ADDRESS:		CITY/STATE/ZIP:	
CONTACT NAME:		CELL:	EMAIL:
PROJECT INFORMATION			
TOTAL ESTIMATE CONSTRUCTION COST:			SQ FT OF AREA:
TYPE OF WORK			
<input type="checkbox"/> ALTERATION / INTERIOR FINISH	<input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> RACKING	
<input type="checkbox"/> NEW CONSTRUCTION/ADDITION	<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> KITCHEN HOOD	
<input type="checkbox"/> UNDERGROUND FIRE MAIN	<input type="checkbox"/> ACCESS CONTROL	<input type="checkbox"/> FUEL TANK	UNDERGROUND <input type="checkbox"/>
			ABOVE GROUND <input type="checkbox"/>
<input type="checkbox"/> OTHER _____			
DISCLAIMER AND SIGNATURE			
PLEASE READ BEFORE SIGNING THIS FORM: I certify that I am the owner/agent authorized to apply for this permit and all information herein is true and correct. I understand work cannot begin before this permit is issued and that the occupancy or use is NOT granted until the Fire District final inspection is APPROVED.			
SIGNATURE :			TITLE:
PLEASE PRINT NAME HERE:			DATE:
OFFICE USE ONLY			
			PERMIT NUMBER:
PLAN REVIEWER: _____	DATE: _____	PERMIT COST: _____	