



Date Rcvd. _____ Init. _____

O'FALLON FIRE PROTECTION DISTRICT

APPLICATION FOR PERMIT/PLAN REVIEW

111 LAURA K DR., O'FALLON, MO 63366

Bus (636)272-3493 Fax (636)272-6352

PROJECT NAME _____

PROJECT ADDRESS _____

DEVELOPMENT NAME _____ LOT _____ BLDG # _____

<p><u>TYPE OF PERMIT</u></p> <p><input type="checkbox"/> New Building</p> <p><input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Alteration</p> <p><input type="checkbox"/> Repair/Replace</p> <p><input type="checkbox"/> Fire Suppression System</p> <p><input type="checkbox"/> Fire Alarm</p> <p><input type="checkbox"/> Security Gate</p> <p><input type="checkbox"/> Temporary Structure (Tent)</p> <p><input type="checkbox"/> Fireworks (Display or Sales)</p> <p><input type="checkbox"/> Blasting</p> <p><input type="checkbox"/> Storage Tank Install/Removal</p> <p><input type="checkbox"/> Other _____</p>	<p><u>PROPOSED USE</u></p> <table style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Multi-Family</td> <td style="width: 33%;"><input type="checkbox"/> Mercantile</td> </tr> <tr> <td><input type="checkbox"/> Office, Professional</td> <td><input type="checkbox"/> School/Educational</td> </tr> <tr> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Hospital, Institutional</td> </tr> <tr> <td><input type="checkbox"/> Warehouse/Storage</td> <td><input type="checkbox"/> Service Station/Garage</td> </tr> <tr> <td><input type="checkbox"/> Restaurant</td> <td><input type="checkbox"/> Parking Garage</td> </tr> <tr> <td><input type="checkbox"/> Restaurant/Bar</td> <td><input type="checkbox"/> Tanks/Towers</td> </tr> <tr> <td><input type="checkbox"/> Hotel/Motel</td> <td><input type="checkbox"/> Amusement/Recreation</td> </tr> <tr> <td><input type="checkbox"/> Church</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Mercantile	<input type="checkbox"/> Office, Professional	<input type="checkbox"/> School/Educational	<input type="checkbox"/> Industrial	<input type="checkbox"/> Hospital, Institutional	<input type="checkbox"/> Warehouse/Storage	<input type="checkbox"/> Service Station/Garage	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Parking Garage	<input type="checkbox"/> Restaurant/Bar	<input type="checkbox"/> Tanks/Towers	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Amusement/Recreation	<input type="checkbox"/> Church	<input type="checkbox"/> Other _____
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<p><u>TYPE OF FRAME</u></p> <p><input type="checkbox"/> Masonry (wall bearing)</p> <p><input type="checkbox"/> Wood Frame</p> <p><input type="checkbox"/> Structural Steel</p> <p><input type="checkbox"/> Reinforced Concrete</p> <p><input type="checkbox"/> Other _____</p>	<p>Fire Alarm System: Y N</p> <p>Fire Sprinkler System: Y N Number of Stories _____</p> <p>TOTAL SQUARE FOOTAGE _____</p> <p>ESTIMATED COST/CONSTRUCTION \$ _____</p>
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NAME	ADDRESS	PHONE
(OWNER/PERMIT APPLICANT)		
(CONTRACTOR)		
(ARCHITECT)		

SIGNATURE _____ PHONE # _____ DATE _____

<p><u>OFFICE USE ONLY</u></p> <p>PERMIT # _____</p> <p>FIRE OFFICIAL _____</p> <p>01.08.16 tp</p>	<p>USE GROUP _____ FIRE GRADING _____</p> <p>FIRE PERMIT FEE \$ _____</p> <p>PLAN REVIEW FEE \$ _____</p> <p>OCCUPANCY PERMIT \$ _____</p> <p>TOTAL FEE DUE \$ _____</p>
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