

## VALLEY PARK FIRE DISTRICT 47 Crescent Avenue

Valley Park, Missouri 63088

Bus: 636-225-4288 Fax: 636-225-5247

## **APPLICATION FOR CONSTRUCTION PERMIT**

Business Name / Subdivision:	Date:	Address:	ADDRESS OF CO	INSTRUCTION LOC	ATION			
Owner:    Phone:	Business 1	Name / Subdivision:	Lot #					
Phone: Fax: Email:  Address: MAILING ADDRESS OF PROPERTY OWNER	Municipa	lity:						· · · · · · · · · · · · · · · · · · ·
Phone: Fax: Email:  Address: MAILING ADDRESS OF PROPERTY OWNER	Owner: _					· · · · · · · · · · · · · · · · · · ·	······································	
Address:    MAILING ADDRESS OF PROPERTY OWNER								
Address:    MAILING ADDRSS OF CONTRACTOR	Address:	MAILING ADDRESS OF PRO	PERTY OWNER					
Architect:					<b>:</b>			
Architect:	Address: _	MAILING ADDRSS OF CONT	RACTOR	CITY	STAT	Ε :	ZIP	
Type of Work					Phone:			
Type of Work	Γotal Estin	mate Construction Cost: \$						
O New Construction O Addition O Single Family (1 or 2 Units) O Addition O Single Family (1 or 2 Units) O Addition O Addition O Single Family (1 or 2 Units) O Business O Educational O Repair O Hotel/Motel O Factory O Shell O Units/bidg. O High Hazard Units/ Permit O Institutional O Basement Finish O Utility / Miscellaneous O Custom Plan O Master Plan O Master Plan O Storage O Custom Plan O Master Plan O Attached O Finished O Unifinished O Detached O Interd Area O Smoke Detectors O 110 Volt O Automatic System  Certify that I am the owner or agent authorized to apply for this permit and that all information herein is true accorrect. I understand that occupancy is not granted until the final inspection is approved.  Signature  Date:  Printed Name:  Office Use Only  Construction Type:  Conditions / Notes:  Plan Approved: Date:  Permit Fee:								
O Alteration O Multifamily O Educational Pepair O Hotel/Motel O Factory O Shell O Units/Pldg. O High Hazard O Interior Finish O Utility / Miscellaneous O Mercantile O Miscellaneous O Master Plan O Master Plan O Model or Plan:  Area: Stories: O Basement O Garage O Sprinkler System O Finished O Detached O Planished O Detached O Limited Area O Smoke Detectors O Under Living Space O None  Certify that I am the owner or agent authorized to apply for this permit and that all information herein is true accorrect. I understand that occupancy is not granted until the final inspection is approved.  Construction Type: Office Use Only  Construction Type: Date: Permit Fee:  Plan Approved: Date: Permit Fee:	0	New Construction				0		•
O Shell O Interior Finish O Interior Finish O Basement Finish O Wiscellaneous O Mercantile O Miscellaneous O Storage O Custom Plan O Master Plan O Basement O Finished O Unfinished O Unfinished O Unfinished O Unfinished O Unfinished O Detached O Interior Finish O Unifor Plan:  Stories: O Basement O Finished O Attached O Detached O Interior Finish O Unifor Plan:  Nodel or Plan:  Stories: O Basement O Finished O Attached O Full System O Interior Finished O Inder Living Space O Inder Living	_			Multifamily	, <u> </u>		Educati	ional
o Interior Finish	0		0			. 0		
o Basement Finish o Utility / Miscellaneous o Mercantile o Storage  o Custom Plan o Master Plan Model or Plan:  Area: Stories: OBasement o Garage o Sprinkler System o Finished o Unfinished o Detached o Full System o I10 Volt o Automatic System o Automatic System o I10 Volt o Automatic System o Automatic System o Under Living Space o None or agent authorized to apply for this permit and that all information herein is true accertify that I am the owner or agent authorized to apply for this permit and that all information herein is true accertify that I am the owner or agent authorized to apply for this permit and that all information herein is true accertify that I am the owner or agent authorized to apply for this permit and that all information herein is true accertify that I am the owner or agent authorized to apply for this permit and that all information herein is true accertify that I am the owner or agent authorized to apply for this permit and that all information herein is true accertify that I am the owner or agent authorized to apply for this permit and that all information herein is true accertify that I am the owner or agent authorized to apply for this permit and that all information herein is true accertify that I am the owner or agent authorized to apply for this permit and that all information herein is true accertify that I am the owner or agent authorized to apply for this permit and that all information herein is true accertify that I am the owner or agent authorized to apply for this permit and that all information herein is true accertification.  Signature Date: Permit Fee:							_	
o Miscellaneous   o Storage   Custom Plan	-					_		
O Custom Plan O Master Plan Model or Plan:  Area: Stories: O Basement O Garage O Sprinkler System O Finished O Attached O Full System O Unfinished O Detached O Limited Area O Smoke Detectors O Under Living Space O None O 110 Volt O Automatic System  Certify that I am the owner or agent authorized to apply for this permit and that all information herein is true accorrect. I understand that occupancy is not granted until the final inspection is approved.  Signature Date:  Office Use Only  Construction Type: Use Group:  Plan Approved: Date: Permit Fee:	-		0	ounty / wilscellar	cous			
Area: Stories: OBasement OGarage OSprinkler System OFinished OFinished ODetached OLimited Area OSmoke Detectors OUnder Living Space ONONE  OUNTINISHED OF Full System OUNDER Living Space ONONE  OUNDER Living Space OUNDER  OUNDER Living Space OUNDER  OUNDER Living Space OUNDER  OUTDER LIVING SPACE OUTDER  OUTDER LI			1	Master Plan				
o Basement o Garage o Sprinkler System o Finished o Attached o Pull System O Unfinished o Detached o Limited Area o Smoke Detectors o Under Living Space o None o 110 Volt o Automatic System  certify that I am the owner or agent authorized to apply for this permit and that all information herein is true a correct. I understand that occupancy is not granted until the final inspection is approved.  Signature	_		_			1.10		
o Finished o Attached o Full System O Unfinished o Detached o Limited Area O Smoke Detectors o Under Living Space o None O 110 Volt O Automatic System  Certify that I am the owner or agent authorized to apply for this permit and that all information herein is true a correct. I understand that occupancy is not granted until the final inspection is approved.  Signature	-	Basement				0	Sprinkl	er System
Smoke Detectors  O Under Living Space O None O 110 Volt O Automatic System  Certify that I am the owner or agent authorized to apply for this permit and that all information herein is true a correct. I understand that occupancy is not granted until the final inspection is approved.  Signature		o Finished		-				
o 110 Volt o Automatic System  Certify that I am the owner or agent authorized to apply for this permit and that all information herein is true a correct. I understand that occupancy is not granted until the final inspection is approved.  Signature		<ul> <li>Unfinished</li> </ul>		<ul> <li>Detached</li> </ul>	1		0	Limited Area
O Automatic System  certify that I am the owner or agent authorized to apply for this permit and that all information herein is true a orrect. I understand that occupancy is not granted until the final inspection is approved.  Signature	0	Smoke Detectors		<ul> <li>Under Li</li> </ul>	ving Space		0	None
certify that I am the owner or agent authorized to apply for this permit and that all information herein is true a correct. I understand that occupancy is not granted until the final inspection is approved.  Signature								
Printed Name:  Office Use Only Construction Type:  Use Group:  Conditions / Notes:  Plan Approved:  Date:  Permit Fee:		at I am the owner or agent		11		•	ation h	erein is true a
Construction Type:Use Group:	ignatur	e				Date: _		
Construction Type:Use Group:	rinted I	Name:						
Conditions / Notes:				Office Use Only	1			
Plan Approved: Permit Fee:	Constructio	n Type:			se Group:			
Plan Approved: Date: Permit Fee:	Conditions .	/ Notes:						