



VALLEY PARK FIRE DISTRICT
47 Crescent Avenue
Valley Park, Missouri 63088
Bus: 636-225-4288 Fax: 636-225-5247

APPLICATION FOR CONSTRUCTION PERMIT

Date: _____ **Address:** _____
ADDRESS OF CONSTRUCTION LOCATION

Business Name / Subdivision: _____ **Lot #** _____

Municipality: _____

Owner: _____

Phone: _____ **Fax:** _____ **Email:** _____

Address: _____
MAILING ADDRESS OF PROPERTY OWNER CITY STATE ZIP

Contractor: _____ **Phone:** _____

Address: _____
MAILING ADDRESS OF CONTRACTOR CITY STATE ZIP

Architect: _____ **Phone:** _____

Total Estimate Construction Cost: \$ _____

Type of Work	Type of Occupancy	
<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Shell <input type="checkbox"/> Interior Finish <input type="checkbox"/> Basement Finish <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Custom Plan	<input type="checkbox"/> Residential <input type="checkbox"/> Single Family (1 or 2 Units) <input type="checkbox"/> Multifamily <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Units/bldg. _____ <input type="checkbox"/> Units/ Permit _____ <input type="checkbox"/> Utility / Miscellaneous	<input type="checkbox"/> Assembly <input type="checkbox"/> Business <input type="checkbox"/> Educational <input type="checkbox"/> Factory <input type="checkbox"/> High Hazard <input type="checkbox"/> Institutional <input type="checkbox"/> Mercantile <input type="checkbox"/> Storage
Area: _____ <input type="checkbox"/> Basement <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> 110 Volt <input type="checkbox"/> Automatic System	Stories: _____ <input type="checkbox"/> Garage <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Under Living Space	Model or Plan: _____ <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Full System <input type="checkbox"/> Limited Area <input type="checkbox"/> None

I certify that I am the owner or agent authorized to apply for this permit and that all information herein is true and correct. I understand that occupancy is not granted until the final inspection is approved.

Signature _____

Date: _____

Printed Name: _____

Office Use Only	
Construction Type: _____	Use Group: _____
Conditions / Notes: _____	
Plan Approved: _____	Date: _____ Permit Fee: _____
Permit Issued By: _____	Date: _____ Number: _____ Entry Date: _____