



Permit # _____

Permit Fee: _____

Central County Fire and Rescue Construction Permit

1220 Cave Springs Blvd., St. Peters, MO 63376

Phone (636) 970-9700 Fax: (636) 970-9715

(Please print clearly)

Name of Business: _____

Type of Business or Service: _____

Address: _____

Name of Shopping Center or Plaza where business is located: _____

Square Ft: _____ Estimated cost of construction: _____

Describe construction to be completed: _____

Applicant/Contact Person: _____ Phone: _____

Address: _____ City, State, & Zip _____

Applicant e-mail address: _____

General Contractor Name: _____ Phone: _____

Address: _____ City, State, & Zip _____

Sprinkler Contractor Name: _____

Fire Alarm Contractor Name: _____

Electrical Contractor Name: _____

HVAC Contractor Name: _____

Type of Construction (circle one): 1A 1B 2A 2B 3A 3B 4 5A 5B

Use Group (circle one): A1 A2 A3 A4 B E F1 F2 H I1 I2 I3 M S1 S2 U R1 R2

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent, and we agree to conform to all applicable laws of this jurisdiction. I understand that an occupancy permit from Central County Fire & Rescue will be required.

Signature

Date

Print Name