



Permit # \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

# Construction Permit Application

**Proposed Business Information:**

Name of Proposed 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: \_\_\_\_\_

\_\_\_\_\_

*Is this project utilizing abatements or incentives pursuant to MO Statute Chapters 99, 100 or 353*

Yes No

**Type of Construction Permit**

- Construction
- Fire Sprinkler
- Underground Fire Main
- Racking

- Fire Alarm
- Access Control
- Storage Tank
- Other

**Construction Type**

1A 1B 2A 2B 3A 3B 4 5A 5B

**Use Group**

A1 A2 A3 A4 B E F1 F2 H I1 I2 I3 M S1 S2 U R1 R2

**Contractor Information:**

Contractor Name & Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_, \_\_\_\_\_

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.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant Name (printed) \_\_\_\_\_

Company Name \_\_\_\_\_

Applicant email address \_\_\_\_\_

Phone No \_\_\_\_\_

Applicant Address \_\_\_\_\_