

# MONARCH FIRE PROTECTION DISTRICT



13725 OLIVE BLVD., CHESTERFIELD, MO 63017

314-514-0900, EXT. 309

[fireprevention@monarchfpd.org](mailto:fireprevention@monarchfpd.org)

[www.monarchfpd.org](http://www.monarchfpd.org)

## APPLICATION FOR PERMIT

BUSINESS INFORMATION			
PROJECT ADDRESS:			SUITE:
BUSINESS NAME:		PHONE:	
PROPERTY OWNER INFORMATION			
PROPERTY OWNER:		PHONE:	
EMAIL:		FAX:	
ADDRESS:		CITY/STATE/ZIP	
CONTRACTOR INFORMATION			
BUSINESS NAME:		PHONE:	
EMAIL:		FAX:	
ADDRESS:		CITY/STATE:ZIP CODE:	
CONTACT:	CELL:	EMAIL:	
ARCHITECT/DESIGN PROFESSIONAL INFORMATION			
NAME:		CONTACT:	
PHONE:	FAX:	EMAIL:	
PROJECT INFORMATION			
TOTAL ESTIMATED CONSTRUCTION COST:		SQ. FT. OF AREA:	
TYPE OF WORK			
<input type="checkbox"/> ALTERATION/INTERIOR FINISH	<input type="checkbox"/> WHITE BOX	<input type="checkbox"/> FIRE REPAIR	
<input type="checkbox"/> NEW CONSTRUCTION/ADDITION	<input type="checkbox"/> SHELL	<input type="checkbox"/> HOOD/BOOTH SUPPRESSION	
<input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> OTHER: _____	
DISCLAIMER AND SIGNATURE			
<p><b>PLEASE READ BEFORE SIGNING THIS FORM:</b> I certify that I am the owner/agent authorized to apply for this permit and all information herein is true and correct. I understand <b>work cannot begin before this permit is issued and that occupancy or use is not granted until the Fire District final inspection is APPROVED.</b></p>			
SIGNATURE:		TITLE:	
PLEASE PRINT NAME HERE:		DATE:	
OFFICE USE ONLY			
CONST TYPE _____ USE GROUP _____ COMMENTS _____			
PLANS APPROVED BY _____		DATE _____	PERMIT FEE _____
PERMIT ISSUED BY _____		DATE _____	ENTRY DATE _____

ADDRESS:

PERMIT #:

CREDIT  
  CASH  
  CHECK # \_\_\_\_\_  
 RECEIPT # \_\_\_\_\_  
 PLANS :  
  ATTACHED  
  SEPARATE