



# Monarch Fire Protection District

13725 Olive Blvd., Chesterfield, MO 63017

314-514-0900 ext. 2230

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

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

## Application for Permit

Date: \_\_\_\_\_

Project Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Brief description of project: \_\_\_\_\_

Sq Ft of Area: \_\_\_\_\_ Cost of Construction: \_\_\_\_\_

TYPE OF CONSTRUCTION		
ADDITION/NEW CONSTRUCTION	ALTERATION/INTERIOR FINISH	FIRE ALARM SYSTEM
FIRE/DAMAGE REPAIR	FIRE SPRINKLER SYSTEM	WHITE BOX
HOOD/BOOTH SUPPRESSION	RACKING	TENT/SPECIAL EVENT
GATE	SITE PLAN	OTHER
REQUIRED DOCUMENTS		
CONSTRUCTION DRAWINGS – 1 HARD COPY	CONSTRUCTION DRAWINGS – 1 ELECTRONIC COPY	COPY OF CONTRACT OR COST BREAKDOWN

PROPERTY OWNER: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

CONTRACTOR: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Onsite Contact: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

DESIGN PROFESSIONAL: \_\_\_\_\_

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

**PLEASE READ BEFORE SIGNING THIS FORM:** I certify that I am the owner/agent authorized to apply for this permit and all information herein is true and correct. I understand **work cannot begin before this permit is issued and that occupancy or use is not granted until the Fire District final inspection is APPROVED.**

Signature and Title \_\_\_\_\_ Print Name \_\_\_\_\_ Phone # \_\_\_\_\_

For District Use Only		
CONST TYPE: _____	USE GROUP _____	COMMENTS _____
PLANS APPROVED BY _____	DATE _____	PERMIT FEE _____
PERMIT ISSUED BY _____	DATE _____	ENTRY DATE _____
PLANS: _____ ATTACHED _____ SEPARATE		

CASH \_\_\_ CREDIT # \_\_\_\_\_ CHECK # \_\_\_\_\_ RECEIPT # \_\_\_\_\_ PAID DATE \_\_\_\_\_

SITE ADDRESS:

PERMIT #: