



HIGH RIDGE FIRE PROTECTION DISTRICT

2842 HIGH RIDGE BLVD. HIGH RIDGE, MO 63049

PHONE: 636-677-3371

NEW CONSTRUCTION APPLICATION

DATE: _____

TYPE OF RESIDENCE:

CONSTRUCT SET INSTALL REMODEL SPECIAL PERMIT

TYPE OF CONSTRUCTION: _____

ESTIMATED COST OF CONSTRUCTION: _____ BUILDING SQ FT: _____

LOCATION OF CONSTRUCTION: _____

LOT # _____ SUBDIVISION: _____

OWNER: _____ PHONE: _____

ADDRESS: _____

CONTRACTOR: _____ PHONE: _____

ADDRESS: _____

SUBCONTRACTORS

BLDG: _____ PHONE: _____

ELECTRIC: _____ PHONE: _____

SPRINKLER: _____ PHONE: _____

FIRE SYSTEM: _____ PHONE: _____

EMAIL ADDRESS FOR INSPECTION REPORTS: _____

I UNDERSTAND IF THE INFORMATION I HAVE GIVEN ABOVE IS NOT TRUE, MY PERMIT MAY BE REVOKED BY THE FIRE MARSHAL. I AGREE TO ABIDE BY AND COMPLY WITH ALL BUILDING AND HEALTH LAWS. I FURTHER UNDERSTAND THAT NO STRUCTURE MAY BE OCCUPIED OR USED FOR ANY PURPOSE UNTIL AND OCCUPANCY PERMIT OF FINAL INSPECTION HAS BEEN ISSUED.

THIS IS NOT A PERMIT

OWNER SIGNATURE: _____ CONTRACTOR SIGNATURE: _____

Office Use Only

Permit # _____ Building Use Classification: _____ Permit Fee: _____

Inspections Required:	Alarm	Rough In	Date Paid:
Mechanical	Sprinkler	Electrical	_____
		Final	Cash Credit Card

Special Requirements: _____ Check #: _____

Approved By: _____ Title: _____ RN: _____