



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 Mechanical Sprinkler Electrical Final

Date Paid: _____ Cash: _____ Credit Card: _____ Check # : _____ RN: _____

Received By: _____ Title: _____ Date: _____