

NORTHEAST AMBULANCE AND FIRE PROTECTION DISTRICT

FIRE MARSHAL'S OFFICE

7302 PASADENA BLVD, ST. LOUIS MO, 63121

PHONE: 314-382-1501 FAX: 314-382-7202

DEMOLITION PERMIT

DATE: _____ DEMOLITION COST: _____ PERMIT COST: _____

PERMIT NUMBER: _____

NAME OF OWNER: _____

ADDRESS: _____

PHONE: _____

I HEREBY REQUEST A PERMIT FROM THE NORTHEAST FIRE DISTRICT TO:

DEMOLISH: _____ REMOVE: _____ OTHER: _____
AT

ADDRESS: _____

ROOF TYPE: _____ NUMBER OF STORIES: _____ BASEMENT: YES/NO

A COPY OF AUTHORIZATION FROM ALL UTILITIES AND ACKNOWLEDGEMENT OF OWNER'S OR AGENT'S SIGNATURE (VERIFIED BY NOTARY PUBLIC) OF THE PROPERTY, DESIRED BUILDING OR STRUCTURE TO BE DEMOLISHED AND OR REMOVED MUST BE SUBMITTED.

DEMOLITION COMPANY NAME: _____

ADDRESS: _____

PHONE: _____

NAME OF APPLICANT: _____

THE NORTHEAST AMBULANCE AND FIRE PROTECTION DISTRICT OF ST. LOUIS COUNTY, MISSOURI COMPLIES WITH ORDINANCE NUMBER 92, SECTION 3303 OF THE INTERNATIONAL BUILDING CODE (2009 EDITION). UPON COMPLETION FIRE MARSHAL OFFICE MUST BE CONTACTED FOR FINAL INSPECTION.

REMARKS: _____

FIRE PREVENTION OFFICER

COPY OF PERMIT MUST BE POSTED AT DEMOLITION LOCATION