

Northeast Ambulance and Fire Protection District

7302 Pasadena Blvd, Saint Louis, MO 63121

314-382-1501, EXT. 000

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			
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 in not granted until the Fire District final inspection is APPROVED.			
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 _____

CREDIT CASH CHECK # _____ RECEIPT # _____ PLANS : ATTACHED SEPARATE