



COTTLEVILLE

FIRE PROTECTION DISTRICT

APPLICATION FOR OPERATIONAL PERMIT

Business Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Owner Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant Name: _____ Phone #: _____

Signature of Owner or Agent

Date

Type of Operation to be conducted (Check the one that applies)

- Amusement Building (\$70)
 Carnivals & Fairs (\$70)
 Covered Mall Buildings (\$70)
 Exhibits & Trade Shows (\$70)
 Helicopter Hoisting & Lowering (\$50)
 Temporary Membrane Structures, Tents, and Canopies (\$50)

Date(s) of Event: (Starting) _____ (Ending) _____

Size of Buildings, Structures, Tents, etc.

Permanent Building Area: _____ sq. ft. Temp. Building Area: _____ sq. ft.

Number of Buildings: _____ Total Area: _____ sq. ft.

Address to be inspected: _____

Special Circumstances: _____

-----PLEASE DO NOT WRITE BELOW THIS LINE-----

Approved: _____ Not Approved: _____

Date Paid: _____

Special Limitations: _____

Fire Marshal

Date

Operational Permit #: OP _____

This Permit begins on _____ and expires on _____.

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