



Cottleville Fire Protection District

NEW BUILDING, REMODEL, OR INTERIOR FINISH PERMIT APPLICATION

Includes one plan review and one revision. Extra review \$100.

Please Print Clearly

Project Name: _____

Project Address (include addresses of all tenant spaces and suites): _____

City: _____ Zip Code: _____

If an address has not been assigned for the property, one must be requested from St. Charles County Emergency Communications. The contact person is Debbie Fann, and she can be reached via email at: dfann@sccmo.org. The lack of an address assignment will not delay the initiation of the plan review process within our department, but an address will ultimately be needed.

What will be the function of the proposed project? _____

Design Professional:

Name: _____ Firm: _____

Address: _____

Email: _____ Phone: _____

General Contractor: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Property Owner: _____ Phone: _____

Property Owner Address:

Number: _____ Street: _____

City: _____ State: _____ Zip: _____

Total cost of work associated with this permit: _____
(Not including land, site utilities, or work permitted separately)

I hereby affirm that the proposed work is authorized by the property owner, and that I have been authorized to make this application as his/her authorized agent.

Applicant Signature: _____ Date: _____

Applicant Name (printed): _____

Applicant email: _____ Applicant Phone #: _____

Please email permit application to: fm@cottlevillefpd.org