



# Cottleville Fire Protection District

## NEW BUILDING, REMODEL, OR INTERIOR FINISH PERMIT APPLICATION

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](mailto: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? \_\_\_\_\_

What type of construction is proposed?

Type IA \_\_\_\_\_ Type IB \_\_\_\_\_ Type IIA \_\_\_\_\_ Type IIB \_\_\_\_\_ Type IIIA \_\_\_\_\_ Type IIIB \_\_\_\_\_

Type IV \_\_\_\_\_ Type VA \_\_\_\_\_ Type VB \_\_\_\_\_

Design Professional:

Name: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

General Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

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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 #: \_\_\_\_\_

**\*\*\*\*\*Do not write below. Office use only\*\*\*\*\***

Permit #: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Method of Payment: \_\_\_\_\_