



# Cottleville Fire Protection District

## TYPE I KITCHEN HOOD SUPPRESSION SYSTEM PERMIT APPLICATION

Permit Fee: \$100

Project Name: \_\_\_\_\_

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

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

Installation Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

By signing below, the applicant is affirming that he/she has been authorized by the property owner to submit this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Total cost of work associated with this permit: \_\_\_\_\_

**\*\*\* Do Not Write Below – Office Use Only \*\*\***

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

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