

NEW MELLE FIRE PROTECTION DISTRICT

3705 Mill Street New Melle, MO 63385
636-828-5528

APPLICATION FOR PERMIT

Date of Application: _____

Project Address _____ Suite # _____

Subdivision _____ Lot # _____

Business Name _____

Municipality _____

Owner _____ Phone # _____

Address _____ Fax # _____

City _____ State _____ Zip _____

Contractor _____ Phone # _____

Address _____ Fax # _____

City _____ State _____ Zip _____

Architect _____ Phone # _____

Total Estimated Construction Cost \$

Type of Work	Type of Occupancy	Commercial
<input type="checkbox"/> Addition <input type="checkbox"/> Alteration / Interior Finish <input type="checkbox"/> Basement Finish <input type="checkbox"/> Fire Suppression <input type="checkbox"/> New Construction <input type="checkbox"/> Repair <input type="checkbox"/> Shell <input type="checkbox"/> Other	Residential <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Multi- Family (3 or more units) <input type="checkbox"/> Hotel / Motel Type of Plan <input type="checkbox"/> Custom Plan <input type="checkbox"/> Master Plan (list below) Model _____	<input type="checkbox"/> Assembly <input type="checkbox"/> Business <input type="checkbox"/> Education <input type="checkbox"/> Factory <input type="checkbox"/> High Hazard <input type="checkbox"/> Institutional <input type="checkbox"/> Mercantile <input type="checkbox"/> Storage <input type="checkbox"/> Utility / Misc.

Living Space Sq. Ft. _____ Basement Area - Finished Sq. Ft. _____ Unfinished Sq. Ft. _____

Garage: Attached Detached Under living space N/A

Fire Alarm System: Yes No

Fire Sprinkler System: Full system Limited Area None

I certify that I am the owner or agent authorized to apply for this permit and all information herein is true and correct. I understand that occupancy or use is not granted until the final inspection is approved.

Signature _____ Date _____

OFFICE USE ONLY FORM REVISED 2/04

Const. Type _____ Use Group _____ Comments _____

Plans Approved _____ Date _____ Permit Fee-\$ _____

Permit Issued By _____ Entry Date _____