

Boles Fire Protection District
 2731 Highway T
 Labadie, MO 63055
 636.742.2515 Fax 636.742.2532
 Emergency Fire * Rescue * Fire Prevention Services

Permit # _____

TYPE OR PRINT

PERMIT APPLICATION

I (owner/agent) _____ Date _____

Owners' Address _____ Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Physical Street Address (Required) _____

Subdivision (if applicable) _____ Lot # _____

Commercial Business Name (if applicable) _____

Contractor/ Business Name _____ Phone _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____

Architect Name _____ Phone _____

Estimated Construction Cost: \$ _____ **Total Square Footage** _____ **Building Usage** _____

TYPE OF PERMIT REQUESTED: Check all applicable

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Assembly | <input type="checkbox"/> Temporary Structure | <input type="checkbox"/> Plan Review |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Fire Detection System | <input type="checkbox"/> Business | <input type="checkbox"/> Site Plan Review |
| <input type="checkbox"/> Remodel | <input type="checkbox"/> Range Hood | <input type="checkbox"/> Fireplace Inspection | <input type="checkbox"/> Storage Tank |
| <input type="checkbox"/> Air Curtain Destructor (ACD) | <input type="checkbox"/> Storage Tank | <input type="checkbox"/> Residential | <input type="checkbox"/> Temporary Structure |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Basement Finish | <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Mercantile | <input type="checkbox"/> Fire Suppression System | <input type="checkbox"/> Dry Hydrant Installation | |
| <input type="checkbox"/> Storage | <input type="checkbox"/> Permit Renewal | <input type="checkbox"/> Fireworks | |

Two (2) sets of sealed commercial plans are to be submitted with this application along with a plan review fee. One set of plans will be returned to the applicant marked "Approved" upon receipt of payment of the permit fee. A permit will become null and void if construction work is not started within six (6) months of the date of issue. This office must approve framing, drywall, and a **final inspection must be done before an occupancy permit or use of the structure will be permitted.** If additional inspections are needed re-inspection fees may apply and must be paid prior to the re-inspection.

The Building Permit Card and address must be posted on the construction site and visible from the street, or inspections will not be made, and thus will be considered a failed inspection. A 24 hr. notice is required for all scheduled inspections. A Fire District approved plan must remain on site at all times.

I hereby affirm the above statements are true & correct. I agree to comply with the Boles Fire Protection District ordinance requirements and provisions.

Owner/ Agent (Print) _____ Signature _____

Approved _____ Disapproved _____ Remarks _____

FOR OFFICE USE ONLY

Review Fee \$ _____ Paid By Check # _____ Received By _____ Date _____

Permit Fee \$ _____ Paid By Check# _____ Received By _____ Date _____

Permit # _____ Issued By _____ Date _____ Land Agreement Required (Yes or No) _____

White Copy - Bureau

Canary Copy - Bookkeeper

Pink Copy - Applicant