

USE PERMIT APPLICATION



PHONE: 636-458-2100 X 139
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WWW.METROWEST-FIRE.ORG

PO BOX 310
WILDWOOD, MO 63040
DATE: ___/___/___

IN ACCORDANCE WITH THE ORDINANCES ADOPTED BY THE METRO WEST FIRE PROTECTION DISTRICT, I (NAME) _____ DO HEREBY MAKE APPLICATION FOR A USE PERMIT.

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ ZIP CODE: _____

TYPE OF BUSINESS: _____

BUSINESS PHONE NO.: _____

FIRE DEPT. KNOX BOX PRESENT YES NO

EMERGENCY CONTACT PHONE NUMBER: (CONFIDENTIAL)

1st NAME _____ PHONE NUMBER: _____

2nd NAME _____ PHONE NUMBER: _____

3rd NAME _____ PHONE NUMBER: _____

BUILDING / PROPERTY OWNER OR AGENT INFORMATION

BUILDING OWNER/AGENT NAME: _____

ADDRESS: _____
STREET CITY STATE ZIP

EMERGENCY PHONE NUMBER: _____

SIGNATURE OF APPLICANT: _____

A \$50.00 FEE IS REQUIRED BEFORE PROCESSING WILL OCCUR.

----- FOR OFFICE USE ONLY -----

STILL ALARM AREA: _____ CARD # _____ SUBDISTRICT: _____

PERMIT NUMBER: _____ ISSUED BY: _____ DATE: ___/___/___

FEE: \$50.00 RECEIVED BY: _____ DATE: ___/___/___

CHECK NUMBER: _____ CASH: _____ USE GROUP CLASSIFICATION: _____

REMARKS OR SPECIAL CONSIDERATIONS: _____