



Fire Protection District
of St. Louis County

P.O. Box 310
Wildwood, Missouri 63040

(636) 458-2100
Fax 458-2199

www.metrowest-fire.org

FOR OFFICE USE

Received By _____
Date _____
Reviewer _____
Completion Date _____

Application for Building Permit

Type or Print

I (Property Owner) _____ Today's Date _____
Owner's Address _____ Phone _____
City _____ State _____ Zip _____

Do Hereby Make Application to the Metro West Fire Protection District to Build a _____

<u>Permit Type</u> (check one)		<u>Square Feet</u>	
<input type="checkbox"/> New Residential	<input type="checkbox"/> Commercial, New	<input type="checkbox"/> Habitable	<input type="checkbox"/> Gar Attch
<input type="checkbox"/> Residential Addition	<input type="checkbox"/> Commercial, Remodel	<input type="checkbox"/> Bsmt Fin	<input type="checkbox"/> Gar Unatch
<input type="checkbox"/> Basement Remodel	<input type="checkbox"/> Other (OT)	<input type="checkbox"/> Bsmt Unf	<input type="checkbox"/> Other
<input type="checkbox"/> Kitchen Remodel	<input type="checkbox"/> Hood Suppression	Total Sq. Ft. _____	
<input type="checkbox"/> Bathroom Remodel	<input type="checkbox"/> Sprinkler		
<input type="checkbox"/> New Multifamily	<input type="checkbox"/> Fire Alarm		

Estimated Construction Cost _____

Subdivision Name (If Applicable) _____ Lot Number _____
Commercial Business Name (If Applicable) _____
Construction Site Address _____
Master Model # (If Applicable) _____
Contractor Name _____ Contractor Phone# _____
Contractor Address _____ Contractor Zip _____

Two(2) sets of plans are to be submitted with this application (one to be returned marked approved upon receipt of payment of permit fee). Rough and Final inspections must be made and approved before occupancy or use of the structure can be permitted. Building permit card must be posted on construction site, or inspections will not be made. Fire district approved plans must remain on the building site at all times.

Property Owner / Contractor (print) _____ Signature _____

For Office Use Only

Still Alarm Area _____ Subdistrict _____
Permit No. _____ Issued by _____ Date _____
Fee \$ _____ Received by _____ Date _____
Check No. _____ Cash _____
Remarks/Special Conditions _____