

# BUILDING PERMIT APPLICATION

SPANISH LAKE FIRE PROTECTION DISTRICT  
of ST. LOUIS COUNTY

PERMIT NUMBER: \_\_\_\_\_

LOCATOR NUMBER: \_\_\_\_\_

PROJECT ADDRESS \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot No. \_\_\_\_\_

Description of work \_\_\_\_\_

Owner: \_\_\_\_\_  
LASTNAME FIRST TELEPHONE NUMBER

ADDRESS STREET CITY STATE ZIP

TYPE OF WORK	RESIDENTIAL	NON-RESIDENTIAL	BUILDING
<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> REPAIR <input type="checkbox"/> SHELL ONLY <input type="checkbox"/> INTERIOR FINISH <input type="checkbox"/> FIRE/STORM <input type="checkbox"/> OTHER DAMAGE <input type="checkbox"/> OCCUPANCY <input type="checkbox"/> MISCELLANEOUS WORK	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> TWO FAMILY DWELLING <input type="checkbox"/> THREE OR FOUR FAMILY <input type="checkbox"/> FIVE OR MORE FAMILY <input type="checkbox"/> DORMITORIES <input type="checkbox"/> HOTELS / MOTELS UNITS IN THIS BUILDING _____ <input type="checkbox"/> GARAGE <input type="checkbox"/> CARPORT <input type="checkbox"/> SHED, OUTBUILDING <input type="checkbox"/> OTHER, Specify _____	<input type="checkbox"/> ASSEMBLY <input type="checkbox"/> BUSINESS <input type="checkbox"/> CHURCH, RELIGIOUS <input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> FACTORY OR INDUSTRIAL <input type="checkbox"/> HIGH HAZARD <input type="checkbox"/> INSTITUTIONAL <input type="checkbox"/> MERCANTILE <input type="checkbox"/> STORAGE <input type="checkbox"/> TANKS, TOWERS <input type="checkbox"/> OTHER - Specify _____	MAX. # OCCUPANTS _____ MASTER PLAN _____ USE GROUP _____ CONSTRUCTION CLASS _____ DEPTH _____ WIDTH _____ AREA _____ STORIES _____ NUMBER OF BEDROOMS _____ <input type="checkbox"/> Basement <input type="checkbox"/> Garage <input type="checkbox"/> Carport <hr/> <b>EST. CONSTRUCTION COSTS:</b> \$ _____

Remarks:

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction.

CONTRACTOR	Address	Phone	Date	Signature
OWNER				
ARCH./ ENG.				