



Rock Community Fire Protection District
3749 Telegraph Rd. Arnold, MO 63010
636-296-2211 (Business)
Email: tberg@rockfire-rescue.org

Marijuana Establishment Building Permit Application

Business Name: _____ Site Address: _____

City, State, Zip: _____

Business Phone: _____ Email Address: _____

Bldg. Owner: _____ Owner Address: _____

Owner Phone: _____ Owner Email: _____

Type of Work to be performed (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> New Bldg./Addition | <input type="checkbox"/> CO2 system install |
| <input type="checkbox"/> Interior Finish | <input type="checkbox"/> LPG system install |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Fuel Tanks (above/below ground) |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Plat Review (development) |
| <input type="checkbox"/> Low Voltage | |

Building Square foot: _____ Construction Cost: _____

Type of establishment or business (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Retail Marijuana Dispensary/Store | <input type="checkbox"/> Medical Marijuana Center |
| <input type="checkbox"/> Retail Marijuana Cultivation | <input type="checkbox"/> Medical Marijuana Optional Premise Cultivation |
| <input type="checkbox"/> Retail Marijuana Product Manuf. | <input type="checkbox"/> Medical Marijuana Infused Products (Edibles) |
| <input type="checkbox"/> Retail Marijuana Testing Facility | <input type="checkbox"/> Medical Marijuana Extraction Facility |

Type of processes performed onsite (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Plant extraction | <input type="checkbox"/> CO2 Enrichment System |
| <input type="checkbox"/> Compressed gas storage/use | <input type="checkbox"/> Fumigation/Thermal Insecticide Fogging |
| <input type="checkbox"/> Flammable liquid storage/use | <input type="checkbox"/> LPG storage/use |
| <input type="checkbox"/> Pesticide inventory statement (SUBMIT) | |

Type of Security Plan and Practices (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Security Plan (SUBMIT) | <input type="checkbox"/> Security Gate/Fence (SUBMIT SITE PLAN) |
| <input type="checkbox"/> Knox Box/Building | <input type="checkbox"/> Knox Gate/switch |

Owner: _____ Date: _____
Signature Print Name

Please read before signing this form: I certify that I am the owner/agent authorized to apply for this permit and all information herein is true and correct. **I understand work cannot begin before this permit is issued and that occupancy or use is not granted until the Fire Districts final inspection is APPROVED.**

Office Use Permit number _____ Annual Permit fee: \$ _____

Application received by: _____ Date: _____