



Rock Community Fire Protection District

3749 Telegraph Rd. Arnold, MO 63010

Email: tberg@rockfire-rescue.org

(636) 296-2211 Ext. 5728 Office

www.rockfire-rescue.org

Fire Protection Permit Application

Construction Address: _____

Owner Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Contractor: _____

Contact: _____

Address: _____

Phone: _____

City, State, Zip: _____

Email: _____

Phone: _____

Engineer/Designer: _____

Fire Protection/Extinguishing System

Fire Alarm Systems

Type of System: Wet Pipe Dry Pipe

Commercial Industrial

NFPA 13 13R 13 D

Assembly Educational

Pre-action system Nitrogen

F, I, H use group other

Fire Pump Addition/Re-locates # of heads

UUFEX/NFPA 72 Compliant

Underground Fire Main/PIV

Hydraulic calculations/submittal data/plans
(Minimum 2 copies)

Kitchen fire suppression systems/Paint Booth
Type/Brand of system _____

CO2 Extinguishing system

Construction Cost: _____

Construction Cost: _____

The Undersigned acknowledges that he/she has read this application and the above information is correct and accurate. Applicant also understands by signing this application he/she could be held responsible as representative of this project for any violation of compliance with all applicable laws and ordinances of the Rock Community Fire Protection District.

Signature of Applicant

Date

Permit #: _____ Permit Fee: _____ Date Paid: _____ Plans approved: _____ (initial)