



Rock Community Fire Protection District

3749 Telegraph Rd. Arnold, MO 63010

Email: tberg@rockfire-rescue.org

(636) 296-2211 Ext. 700 Office

www.rockfire-rescue.org

Construction Building Permit Application

Building Information

Owner: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Construction Address: _____ City, State, Zip: _____

Description of Project: _____

Contractor Information

General Contractor Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Contractor Email: _____

Type of Work

Plat Review (development): _____

New Bldg./Addition: _____

Interior Finish: _____

White Box: _____

Electric: _____

Fuel Tanks (above/below ground): _____

Mechanical: _____

Operational Permits: _____

Apartment Bldg.: _____

Mobile Home Setup: _____

Project Information

Building Square Ft: _____

Construction Cost: _____

Disclaimer and Signature

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.**

Signature: _____ Print Name: _____ Date: _____

Office Use Only

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