



**ROCK COMMUNITY FIRE PROTECTION DISTRICT**  
 3749 Telegraph Rd Arnold, MO 63010  
 Fire Marshal's Office 636-296-2211 Ext. 700

Email: [permits@rockfire-rescue.org](mailto:permits@rockfire-rescue.org)

[www.rockfire-rescue.org](http://www.rockfire-rescue.org)

**Construction Building Permit Application**

**Building Information**

Property 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**

Commercial Site Plan/Plat Review: _____	Commercial Electric: _____	Fuel Tanks (above/below ground): _____
New Bldg./Addition: _____	EV Vehicle Charging Station: _____	Mobile Home Setup: _____
Mechanical: _____	Commercial Rack Storage Permit: _____	Operational Permits: _____
Interior Finish: _____	Fuel Dispenser (s): _____	Apartment Bldg.: _____
White Box: _____		

**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 District's final inspection is APPROVED.**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Permit #: \_\_\_\_\_ Permit Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Plans approved: \_\_\_\_\_ (initial)