



**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)

**Kimmswick Building Permit Application**

**PROJECT INFORMATION & LOCATION:**

Project Type:  Residential  Multi-family  Commercial Construction Cost: \$ \_\_\_\_\_

Structure Type:  New Building  Existing Building  Temporary Structure  Demolition

Plumbing: \_\_\_\_\_ Mechanical: \_\_\_\_\_ Deck: \_\_\_\_\_ Electrical: \_\_\_\_\_ Amen UE Premise# \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Email: \_\_\_\_\_

Construction Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Brief Description of Work:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OWNER INFORMATION:**

Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Tenant or Business Name:  Existing  New

**DESCRIPTION OF STRUCTURE:**

Dwelling Space \_\_\_\_\_ Sq. feet Width \_\_\_\_\_ Length \_\_\_\_\_ Stories \_\_\_\_\_

IS THE PROPERTY LOCATED IN ANY AREA OF SPECIAL FLOOD HAZARD? YES \_\_\_\_\_ NO \_\_\_\_\_

FLOOD CERTIFICATE FORM SHALL BE SUBMITTED FROM SEMA WITH APPLICATION: \_\_\_\_\_

**\*APPROVAL LETTER FROM CITY OF KIMMSWICK SHALL BE ATTACHED BEFORE PLAN AND PERMIT APPROVAL: \_\_\_\_\_**

**NOTICE:** The disposal of demolition waste is regulated by the Department of Natural Resources under Chapter 260,RSMo. Such waste, in types and quantities established by the department, shall be taken to a demolition landfill or a sanitary landfill for disposal. I understand if the information I have given above is not true, my permit may be revoked by the Rock Community Fire Protection District, and I agree to abide by, and comply with, the conditions of all Building regulations.

**THIS STRUCTURE SHALL NOT BE OCCUPIED AND/OR USED UNTIL A FINAL INSPECTION HAS BEEN APPROVED. FAILURE TO COMPLY WILL RESULT IN THE DISCONNECT OF ALL APPLICABLE UTILITIES, STOP WORK WILL BE POSTED AND POSSIBLE LEGAL ACTION WILL BE TAKEN!** Completed Contractor Signature Form with all applicable Licensed Contractors (Electrical, Mechanical, Plumbing & Sewer) including Homeowner/General Contractor, is required before permit will be issued. I hereby certify that the owner(s) of record authorizes the proposed work and I have been authorized by the owner(s) to make this application as their agent. Inspections must be requested 24 hours in advance.

Applicant Name \_\_\_\_\_ Applicant Signature \_\_\_\_\_

Email address \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

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