

Shady Valley Fire Protection District
 4535 Old Highway 21 - Imperial, Missouri 63052
 636.296.3957 Business – 636-282-4137 Fax
 8:00-4:30 Mon-Fri
PERMIT APPLICATION

SVFPD Permit No _____ Master Plan # _____ Date _____

Building Use:

- | | | |
|---|--|--|
| <input type="checkbox"/> Residential
<input type="checkbox"/> Commercial**
<input type="checkbox"/> Addition
<input type="checkbox"/> Temporary Occupancy Permit (Deposit of 1/2 of original Permit fee, or \$200.00, whichever is Greater)* | | <input type="checkbox"/> Mobile Home
<input type="checkbox"/> Existing Occupancy Permit
<input type="checkbox"/> Other _____ |
|---|--|--|

All permits requiring any type of construction requires 1 set of plans submitted with the Permit Application.

Total Construction Cost \$ _____		Additional Fees \$ _____
Total Permit Cost \$ _____		Total Amount Due \$ _____

Length of Permit, Residential Expires (1) One Year, Commercial (2) Two Years.

PERMIT MUST BE PICKED UP WITHIN (30) THIRTY DAYS FROM DATE APPLICATION IS MADE OR A FEE OF \$50.00 SHALL BE CHARGED. AN ADDITIONAL FEE OF \$25.00 SHALL BE CHARGED FOR EVERY 7 DAYS AFTER THAT. ALL FEES SHALL BE PAID IN FULL BEFORE CONSTRUCTION BEGINS. IF CONSTRUCTION BEGINS BEFORE THE PERMIT IS POSTED AT THE SITE OF CONSTRUCTION, THE PERMIT FEE MAY BE DOUBLED.

APPLICATION IS HEREBY MADE FOR A PERMIT TO:

- | | | | |
|--------------------------------------|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Erect | <input type="checkbox"/> Addition | <input type="checkbox"/> Remodel | <input type="checkbox"/> Repair |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Wood Stove | <input type="checkbox"/> Fireplace | <input type="checkbox"/> Electrical Change |

Check All Applicable: Fire Place Wood Stove Propane Natural Gas

Address of Construction _____ City _____

Subdivision _____ Lot Number _____

Feet to Nearest Hydrant _____ Ameren UE Premis Number _____

Owner _____ Contractor _____

Address _____ Address _____

City & Zip _____ City & Zip _____

Phone _____ Phone _____

Construction Type _____ Number of Bedrooms _____

I understand if the information I have given is not true my permit may be revoked by the Fire Marshal. I agree and comply with all building and health laws. I further understand that no structure may be occupied or used for any purpose until an occupancy permit has been issued.

Owner Signature _____ Contractor Signature _____

*Deposit shall be returned once all violations are corrected within the timeline outlined in the Temporary Occupancy Permit. If the violations are not corrected within the time frame, the deposit becomes forfeit, and ALL utilities shall be ordered disconnected. Temporary Occupancies are granted on a case-by-case basis at the discretion of the Fire Marshal.

**Commercial Buildings are required to have a Knox Rapid Entry System Attached to Each Structure; Electric shall not be allowed until the Knox Rapid Entry System is purchased. Final Occupancy shall not be allowed until Knox Rapid Entry Unit is attached to the structure and the appropriate keys and or information is placed inside.