



Wright City Fire Protection District

396 NW 2nd Street
PO Box 522
Wright City, MO 63390
(636) 745-2262 Administration
(636) 745-2259 Fax
www.wrightcityfire.com

APPLICATION FOR BUILDING PERMIT

Permit # _____

Date of Application: _____

Project Address: _____

Suite #: _____

Business Name or Subdivision: _____

Lot #: _____

Municipality: _____ (choose one) – Wright City, Foristell, Innsbrook, Warren County

Owner _____ Phone # _____
Address _____ Fax #: _____
City _____ State _____ Zip _____

Contractor _____ Phone # _____
Address _____ Fax # _____
City _____ State _____ Zip _____

Architect _____ Phone # _____

Type of Work	Type of Occupancy	
<input type="checkbox"/> Addition <input type="checkbox"/> Alteration/ Interior finish <input type="checkbox"/> Basement finish <input type="checkbox"/> Fire suppression (Sprinkler/hood System) <input type="checkbox"/> New construction <input type="checkbox"/> Repair <input type="checkbox"/> Shell <input type="checkbox"/> Other: _____	Residential <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Multifamily (3 or more units) <input type="checkbox"/> Hotel/Motel Type of Plan <input type="checkbox"/> Custom Plan <input type="checkbox"/> Master Plan <input type="checkbox"/> Model or # _____	COMMERCIAL <input type="checkbox"/> Assembly <input type="checkbox"/> Business <input type="checkbox"/> Educational <input type="checkbox"/> Factory <input type="checkbox"/> High Hazard <input type="checkbox"/> Institutional <input type="checkbox"/> Mercantile <input type="checkbox"/> Storage <input type="checkbox"/> Utility/ Misc.

Total estimated construction cost: \$ _____ Finished Area Sq. Ft.: _____

Basement: Finished Unfinished N/A
Garage: Attached Detached Under Living Space N/A
Fire Alarm System: Yes No
Fire Sprinkle System: Full System Limited Area None

I certify that I am the owner or agent authorized to apply for this permit and all information herein is true and correct. I understand that occupancy or use is not granted until the final inspection is approved.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY Revised 5/2005		
Const Type _____	Use Group _____	Comments _____
Plans Approved _____	Date _____	Permit Fee \$ _____
Permit Issued By _____	Date _____	Entry Date _____

PLEASE ATTACH PERMIT FEE SHEET