

APPLICATION FOR OPERATIONAL PERMIT- WEST COUNTY EMS & FIRE PROTECTION DISTRICT

PLEASE TYPE OR PRINT

DATE _____

In accordance with ordinances adopted by the Board of Directors of the West County EMS & Fire Protection District, all business must obtain an Operational Permit.

Business Name _____	Phone _____
Address _____	Suite # _____
City _____	Zip _____
Type of Business _____	

<input type="radio"/> Manager <input type="radio"/> Owner <input type="radio"/> Employee - Emergency Contact & Phone Number (Confidential)
1st _____ E/C Phone _____
<input type="radio"/> Manager <input type="radio"/> Owner <input type="radio"/> Employee - Emergency Contact & Phone Number (Confidential)
2nd _____ E/C Phone _____

Business Owner _____ Phone _____


Address _____ State _____ Zip _____

Property Owner _____ Phone _____

(If different than above)

Address _____ State _____ Zip _____

Emergency Phone Number for Building or Property Owner _____

 _____
Signature of Applicant **Print Name** **Date**

FEE: \$25.00 - Payable to West County EMS & Fire Protection District

*Fee Exempt if Building Permit was Issued

FOR OFFICE USE ONLY			
Permit #. _____	Issued By _____	Date _____	Inspected By _____
Fee* _____	Received By _____	Date _____	Check # _____
Building Permit # _____	Use Group Classification _____		
Construction Type _____	Approximate Square Footage _____	Occupancy Load _____	
Fire Sprinkler <input type="radio"/> Yes - <input type="radio"/> No - <input type="radio"/> Limited Area	Remarks &/or Special Conditions - _____		

<p>West County EMS and Fire Protection District 223 Henry Ave. Manchester, MO 63011 Ph: (636) 256-2000 www.wescofire.org</p>
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