

Antonia Fire Protection District  
6633 Moss Hollow Road, Barnhart, MO 63012  
Phone: 636-948-4433 Fax: 636-948-0540  
Email: [inspections@antoniafire.com](mailto:inspections@antoniafire.com)

## Application for Commercial Construction Permit

Date: \_\_\_\_\_

- Addition                       Electrical                       Sprinklers                       Repair  
 Remodel                       Other: \_\_\_\_\_

*Commercial construction permits expire two (2) years from date of issuance.*

Construction Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

**Owner:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ email: \_\_\_\_\_

**Contractor:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ email: \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

*I understand if the information I have given is not true, my permit may be revoked by the Fire Marshal. I agree to comply with the adopting ordinance of the Fire District. The owner or owner's agent is granting the Fire Code office the authority to enter areas covered by this permit to enforce code provisions related to the permit. I further understand that this structure may not be occupied or used for any purpose until a certificate of occupancy has been issued. This original permit application will remain with the Fire Prevention Bureau and a copy will be given to the applicant.*

For Office Use Only

Permit # \_\_\_\_\_ Received by: \_\_\_\_\_ Type: \_\_\_\_\_ Payment:  Card  Cash  Check # \_\_\_\_\_

Square Feet	Const. Cost	Permit Fee	
Addition: _____	_____	_____	
Remodel: _____	_____	_____	
Electrical: _____	_____	_____	TOTAL FEE
Sprinklers: _____	_____	_____	
Repair: _____	_____	_____	_____
Other: _____	_____	_____	