

Cottleville Fire Protection District

APPLICATION FOR SITE PLAN REVIEW Review Fee: \$100

Project Name:	
Project Address:	
Number: Street:	
City: Zip Code:	
If an address has not been assigned for the property, one must be requested from St. Charles County Emergency Communications. The contact person is Debbie Fann, and she can be reached via email a dfann@sccmo.org . The lack of an address assignment will not delay the initiation of the plan review process within our department, but an address will ultimately be needed.	
What will be the function of the proposed project?	
What type of construction is proposed? Type IA Type IB Type IIA Type IIB Type IIIA Type IIIB	
Type IV	
Will the building be provided with an automatic sprinkler system? Yes No If yes, which type? 13 13R	
How many stories is the proposed project?	
What is the total square footage of the project (per building)?	
Will any fire hydrants be installed for this project? Yes No If any hydrants are installed, will they be public or private?	
Design Professional:	
Name: Firm:	
Address:	
Email: Phone:	

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Phone: 636-447-6655 | Fax: 636-441-1742 | <u>www.cottlevillefpd.org</u>

Property Owner:			
Property Owner Address:			
Number:	Street:		
City:	State:	Zip:	
I hereby affirm that the propo authorized to make this appli	· · · · · · · · · · · · · · · · · · ·	y the property owner, and that I have been ed agent.	
Applicant Signature:		Date:	
Applicant Name (printed):			
Applicant email:		Applicant Phone #:	
*	****Do not write below.	Office use only****	
	Site Plan Review #:		
Date Paid:	Method of Payment:		