

KEARNEY FIRE & RESCUE PROTECTION DISTRICT

201 E. 6th STREET, KEARNEY, MO. 64060

(816) 628-4122

jfort@kearneyfire.org

www.kearneyfire.org

APPLICATION FOR COMMERCIAL BUILDING PERMIT			
BUSINESS INFORMATION			
PROJECT ADDRESS:		SUITE:	
BUSINESS NAME:		PHONE:	
PROPERTY OWNER INFORMATION			
PROPERTY OWNER:		PHONE:	
EMAIL:		FAX:	
ADDRESS:		CITY/STATE/ZIP	
CONTRACTOR INFORMATION			
COMPANY NAME:		PHONE:	
EMAIL:		FAX:	
ADDRESS:		CITY/STATE/ZIP	
CONTACT:	CELL:	EMAIL:	
ARCHITECT/ENGINEER INFORMATION			
NAME:		CONTACT:	
PHONE:	FAX:	EMAIL:	
TYPE OF WORK			
ALTERATION/INTERIOER FINISH	WHITE BOX	FIRE REPAIR	
NEW CONSTRUCTION/ADDITION	SHELL	HOOD/BOTH SUPPRESSION	
SPRINKLER SYSTEM	FIRE ALARM SYSTEM	OTHER:	
DISCLAIMER AND SIGNATURE			
PLEASE READ BEFORE SIGNING THIS FORM: I certify that I am the owner/agent authorized to apply for this permit and all information herein is true and correct. I understand work cannot begin before this permit is issued and that occupancy or use is not granted until the Fire District final inspection is APPROVED.		KNOX BOX ORDERED YES NO	
		DATE ORDERED: _____	
SIGNATURE:		TITLE:	
PLEASE PRINT NAME HERE:		DATE:	
PLANS APPROVED BY: _____ DATE _____ PERMIT FEE _____			
PERMIT ISSUED BY: _____ DATE _____ ENTRY DATE _____			
CASH:		CHECK #:	