



Sunrise Beach Fire Protection District

30 Porter Mill Spring Road – Sunrise Beach, MO 65079

Office: 573-374-4411 Fax: 573-374-4413

application@sbfpd.org

Plan Review & Permit Application

Instructions: Please fill in all information and return this application to the Sunrise Beach Fire Protection District Office along with a check, cash, or money order for the total amount of the permit fee based on the estimated construction cost. One set of plans are to be submitted with this application. **Plans must consist of floor plan and site plan.** Plans will be reviewed and changes required if necessary after approval has been made, those changes shall be submitted and re-approved prior to starting construction. All plans shall be reviewed to meet the most currently adopted District Ordinance, International Fire Code and all other applicable standards and codes. *Permit is good for one year and must be renewed if not completed. No refunds will be issued after 30 days.*

All inspections require 24-hour notice by calling the above number.

Date of Application: _____ Permit Number: _____

Contractor/Builder's Name: _____ Phone Number: _____

Site Address: _____ State: _____ Zip Code: _____

Application of Construction:

No. of Stories: _____ Living Units: _____ Occupancy Type: _____ Residential _____ Commercial

Lot No.: _____ Building or Unit No.: _____

Building to be: _____ ft. wide by _____ ft. long by _____ ft. in height. Total: _____ Sq. Ft.

Type of Construction: _____ New Construction _____ Addition/Remodel _____ Pool

Owner's Name: _____ Phone No.: _____

Address: _____ State: _____ Zip Code: _____

Owner Email Address: _____

Estimated Total Cost of Construction: _____ Permit Fee: _____

Directions to Site: _____

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as their authorized agent. As the authorized agent, I agree to construct this project in accordance with the adopted ordinance of the Sunrise Beach Fire Protection District.

Pmt. Rcvd. By _____ Date: _____ Amount _____

Cash Check # _____ Credit Card

Signature of Agent or Owner

OFFICE
USE

Permit Issued By: _____ Title: _____

Permit Fee: _____ Date Issued: _____ Permit Number: _____