



Raytown Fire Protection District

Fire Prevention Division
6020 Raytown Trafficway
Raytown, MO 64133

PERMIT # _____

Tel. (816)737-6034

Fax (816)737-6049

Date: _____

APPLICATION FOR FIRE DISTRICT PLAN REVIEW/ INSPECTION

PLEASE PRINT

Section A, Site Information:

Nature of Business _____

Name of Building/Site: _____

Former Building Name: _____

(9-1-1 Address) *Number and Street name, City/Town, Zip code*

Name of Lessee: _____

(if business) _____

Building Owner Name: _____

Owner Mailing Address: _____ Zip Code: _____

Owner Phone Number: () _____

Section B, Building Information:

Indicate the Building Construction Type:	Project Type:
<input type="checkbox"/> Type 1: Noncombustible <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> New Construction
<input type="checkbox"/> Type 2: Noncombustible <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Addition to Existing Building
<input type="checkbox"/> Type 3: Noncombustible/Combustible <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> Place of Assembly Change of Ownership
<input type="checkbox"/> Type 4: Combustible, Heavy Timber	<input type="checkbox"/> Fire Protection System modification
<input type="checkbox"/> Type 5: Combustible (Ordinary Wood Frame) <input type="checkbox"/> A: Protected <input type="checkbox"/> B: Unprotected	<input type="checkbox"/> Erection of Temporary Structure or Grandstand

Refer to the Building Code for determining the construction type.

Occupancy Classification: _____	<i>Current occupant Load:</i> _____
Square Footage of Largest Story: _____	Existing Square Footage: _____
Square Footage of Addition: _____	Total Square Footage: _____
Number of Floors: _____	Building Height: _____
Number of Units: _____	
Describe Heating System(s):	

Section C, Plans Included with Application:

- | | |
|--|--|
| <input type="checkbox"/> Site Plans | <input type="checkbox"/> Electrical Plans |
| <input type="checkbox"/> Floor Plans | <input type="checkbox"/> Floors and Roof Structural Design |
| <input type="checkbox"/> Mechanical Plans | <input type="checkbox"/> Electronic Copy of Plans |
| <input type="checkbox"/> Fire Protection Systems | <input type="checkbox"/> Other |

Section D, Applicant, Project Contractor and Designer Information:

General Contractor:

	<i>Name</i>	<i>Address</i>	<i>Phone</i>
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**Architect or Engineer
or Other Designer:**

	<i>Name</i>	<i>Address</i>	<i>Phone</i>
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Anticipated start date of project:

Anticipated completion date of project:

Applicant's Company Name:		
Contact Person:	Position:	
Address:		
City:	State: Zip:	E-mail:
Phone Number:	Fax:	

FIRE PROTECTION AND OTHER SYSTEMS TO BE INSTALLED OR ALTERED

Scope of work: _____

I. Automatic Fire Suppression System:

1. **Automatic Sprinkler System:** ___Wet, ___Dry, ___Pre-Action, ___Deluge, ___Comb. Dry Pipe/Pre-Action, ___Anti-freeze, ___Limited Area
2. **Standpipe System:** ___Wet ___Dry
3. **Alternate Fire Protection Systems:** ___Commercial Hood, ___Spray Paint Booth/Room, ___FM 200, ___Other_____

Extinguishing Agent to be used: ___Wet Chemical. ___Dry Chemical, ___Clean Agent, ___CO2, ___Foam, ___Halogenated, ___Other_____

II. Fire Alarm/Detection System: ___Manual, ___Automatic Describe type and purpose: _____

- III. Water supply:** ___ Fire Pump (___ Elec./ ___Other fuel type-list _____), ___Back Flow Prev., ___Tank storage,
___Private Fire Hydrant

V. Other System Type not Listed Above: _____

Make/Model No. of System(s) to be installed as indicated in I-V above: _____

FIRE PREVENTION APPROVAL (see Fire Dept. review letter for additional comments or contingencies)

Plans Approved By: _____ Date: _____

Fire Official Plan Reviewer

The Fire Code Official shall be notified when the system installation reaches a pertinent stage of completion for an inspection. The permit holder shall assure that the inspections have been conducted and approved by the Fire Code Official when applicable. A certificate of occupancy, indicating completion of the work for which a permit was issued, shall be obtained from the Building Code Official prior to any occupancy. By signing above, I understand that the permit is granted for the work shown and described in this application. Any falsification, misrepresentation or misleading information given **VOIDS** the permit and may result in punitive action. **Inspections for Fire Protection Systems will be performed by the Fire Prevention Office. Please call the inspection request line at 816-737-6034 allowing 2 business days prior notification to schedule a Fire inspection.**