



# O'Fallon Fire Rescue

Fire Inspector

1215 Taylor Rd  
O'Fallon, Illinois 62269

Phone: (618) 624-4515

Fax: (618) 632-1429

EMERGENCY DIAL 911

## BUILDING PERMIT APPLICATION

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

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

The above listed person(s) hereby make application for:

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Cost of the project: \$ \_\_\_\_\_

Total amount due per fee schedule: \$ \_\_\_\_\_

I have read and understand the fees and terms provided to me. The building shall meet or exceed the 2018 International Codes, latest NFPA standards, and any state codes that apply. I further agree to call for all required inspections and provide at least twenty-four hours advance notice to avoid a special inspection charge.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

All plans and documents for the fire department shall be delivered to:

O'Fallon Fire Rescue  
Attn: Fire Inspector  
1215 Taylor Rd  
O'Fallon, Illinois 62269