



BERKELEY PERMIT APPLICATION FOR FIRE SUPPRESSION /ALARM

PERMIT PROCESSING
INSPECTIONS DEPARTMENT
CITY OF BERKELEY
8425 AIRPORT RD, BERKELEY MO 63134
314-400-3713 Inspections Desk

Please type or print legibly in Ink,
complete all parts and sign
Application

Fax Permits to: 314-264-2074; for
applications where plans are not required.
We will call you with the amount of the
permit. We do not take payments over the
phone.

Date of Application ____/____/____

COST OF PROJECT: \$ _____

Project

Address _____ Suite/Floor/Apt _____ Zip Code _____

Municipality Code: **007** Subdivision/Bldg/Center _____ Lot Number _____

Description of Work _____

Property

Owner(s) _____
LAST NAME FIRST TELEPHONE NUMBER

STREET ADDRESS CITY STATE ZIP CODE

TENANT/BUSINESS NAME _____ EXISTING _____ NEW

DATE ISSUED: _____ PERMIT NO. _____

FIRE SUPPRESSION
WATERBASE

- Alarm Valve
- Dry Valve
- Deluge Valve/Flow Cont. Valve
- Pre-Action Valve
- Systems Control Valve
- Detector Check One Unit Two Units
- Backflow Valve
- Fire Dept. Connection
- Main Check Valve
- Water Flow
- Tamper Switch
- Auto Sprinkler Head/ Nozzle
- Air Compressor
- Hose Valve
- Fire Pump
- Proportioner
- Foam Maker Chamber
- Accelerator

- Foam Bladder Tank
- Pressure Tank
- Private Water Tap
- Inspector Test Connection
- Detector
- Hose Cabinet/Valve Cabinet
- Water Gong
- Underground _____ ft
- Underground Fitting
- Fire Hydrant
- Other _____

CHEMICAL

- System Control
- Detector
- Agent Tanks
- Nozzles/Heads
- Gas Valves
- Pull Stations
- Test Connection

TYPE OF STRUCTURE (CHECK ONE)
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- THEATRES
- RESTAURANT
- NIGHTCLUB
- CHURCHES & OTHER RELIGION
- OFFICE-BANK/PROFESSIONAL
- CARWASH
- CLINIC
- FIRE STATION
- MEDICAL OFFICE
- LABORATORIES
- SCHOOLS
- CHILD CARE
- MANUFACTURING PLANT
- TIRE STORAGE-BULK
- NURSING HOME
- DAY NURSERIES
- HOSPITALS
- JAILS
- RETAIL/WHOLESALERS
- GAS STATIONS
- FOOD MARKETS
- OFFICE/WAREHOUSE
- LUMBER YARD
- REPAIR GARAGE
- PARKING GARAGE
- RESIDENTIAL
- OTHER _____

TYPE OF WORK

- NEW CONSTRUCTION
- ADDITION
- ALTERATION
- REPLACEMENT
- REPAIR
- FOUNDATION
- RENOVATION

BUILDING

Master Plan _____ Option _____

Use Group _____ Construction Type _____

Area _____ Vol _____ Rooms _____

Width _____ Depth _____ Stories _____

Bath _____ Basement: Finished _____

Basement: Unfinished: _____ Basement: None _____

Slab: _____ Garage: _____ Carport: _____

Piers: _____ Footing: _____ Compact: _____

Sewer: Sanitary _____ Sewer: Main _____

Drain Tile: _____ Grading: _____

FOR OFFICE USE

PERMIT FEES

PROCESSING _____

TRANSFER FEE: _____

BUILDING

INSPECTIONS _____

PENALTY _____

TOTAL _____

FEES PAID _____

Approvals and Date:

Plan Review: _____ Date: _____

Approved _____ Denied _____

On Hold _____

Continue on reverse side

I certify that I am a Saint Louis County license holder and I am the authorized agent applying for this permit with an agreement from the owner/lessee to perform this work. The scope and cost estimates are true and correct. I further understand that I am responsible for all inspections required under this permit.

All permits are good for 6-months from the date of issue

GENERAL/BUILDER/STRUCTURAL

Contractor's Name: _____ St Louis County License # _____
Address: _____
Telephone: _____ Fax: _____ Cell: _____
Email: _____ Website: _____
Signature: _____ Print Name: _____

MECHANICAL/HVAC

Contractor's Name: _____ St Louis County License # _____
Address: _____
Telephone: _____ Fax: _____ Cell: _____
Email: _____ Website: _____
Signature: _____ Print Name: _____

ELECTRICAL/ALARM/FIRE

Contractor's Name: _____ St Louis County License # _____
Address: _____
Telephone: _____ Fax: _____ Cell: _____
Email: _____ Website: _____
Signature: _____ Print Name: _____

PLUMBER/DRAINLAYER

Contractor's Name: _____ St Louis County License # _____
Address: _____
Telephone: _____ Fax: _____ Cell: _____
Email: _____ Website: _____
Signature: _____ Print Name: _____