



Monarch Fire Protection District

13725 Olive Blvd., Chesterfield, MO 63017

314-514-0900 ext. 2230

fireprevention@monarchfpd.org

www.monarchfpd.org

Application for Site Review

Date: _____

Project Address: _____ Lot #: _____

Brief description of project: _____

TYPE OF CONSTRUCTION	
BOUNDARY ADJUSTMENT	SITE DEVELOPMENT CONCEPT PLAN
SITE DEVELOPMENT SECTION PLAN	SITE IMPROVEMENT PLAN
REQUIRED DOCUMENTS	
CONSTRUCTION DRAWINGS – 1 ELECTRONIC COPY	ST. LOUIS COUNTY ADDRESS PLAT

PROPERTY OWNER: _____ Phone: _____

Address: _____ Contact: _____

City, State, Zip: _____ Email: _____

DESIGN PROFESSIONAL: _____

Name: _____ Email: _____ Phone: _____

Required information, additional information may be requested. Requirements are progressive and include all items that were required for earlier versions of a Site Plan.

Boundary Adjustment – St. Louis County Address Plat, access shown, easements shown

Site Development Concept – apparatus access roads, no grades greater than 10%, turnarounds provided for access roads over 150', water main types and sizes, hydrants in the area

Site Development Section – apparatus access roads appropriately sized, access road within 150' of the building, undeveloped or underdeveloped areas may require additional hydrants to be installed, aerial apparatus access roads for buildings 30' tall or greater, hydrants shown with proper spacing, hydrant within 400' of all portions of building

Site Improvement Plan – fire lane signs and markings, location of the fire department connection, hydrant within 150' of fire department connection, horn/strobe device shown in the vicinity of the fire department connection, post indicator valve shown, post indicator valve located, where practical, outside the collapse zone of the building, post indicator valve located post vault and can not shut off hydrants, building height and construction type

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.

Signature and Title _____ Print Name _____ Phone # _____

For District Use Only		
CONST TYPE: _____	USE GROUP _____	COMMENTS _____
PLANS APPROVED BY _____	DATE _____	PERMIT FEE _\$175_____
PERMIT ISSUED BY _____	DATE _____	ENTRY DATE _____

CASH __ CREDIT # _____ CHECK # _____ RECEIPT # _____ PAID DATE _____

SITE ADDRESS:

PERMIT #: