

CITY OF ST. ROBERT

M I S S O U R I

BUILDING DEPARTMENT

Date: 1 February 2008

TO: Fireworks Vendors

RE: Fireworks Permit Application

Enclosed you will find copies of the required applications and information needed to obtain a building permit and a merchants license for the temporary sale of fire works within the City of St. Robert. The procedure for obtaining the necessary permit is as follows:

Obtain an application for Building Permit and Plan Review. This is in accordance with sections 105.6 & 105.7 of the 2006 IFC. You must have your permit posted (or available) on site **before** beginning construction of the temporary structure.

Include with your application the following documents

1. A copy of your current State Fireworks License.
2. A copy of the certification for flame resistance. (Sections 2404.2 through 2404.4 of the 2006 IFC.)
3. A plat or drawing of the proposed location for the tent (or other temporary structure) with dimensions.

All structures and electrical must be in compliance with the 2006 International Building Code and the 2005 National Electrical Code. The fee for the Temporary Structure Permit is \$25.00. Please call for **all** inspections. [(573) 451-2000 ext 1120]

If necessary, the vendor may request temporary power from the City Utilities Department. This will require a **two-week** notice and a fee of \$100 for 100 amp, and \$200 for 200 amp.

After all of the above requirements have been fulfilled, the vendor must obtain a City Merchants License from the City Collector. The fee for the City Merchants License is \$25.00.

Additional requirements are:

1. There shall be a minimum number of **two** approved independent exits. "EXIT" signs shall be easily identifiable and be reflective in nature with six inch lettering. (Section 2403.12.2 & 2403.12.3 of the 2006 IFC)
2. There must be at least **one** 4A rated extinguisher, or 2 2A rated extinguishers must be present and in working condition.
3. **Two** or more signs reading "FIREWORKS_NO SMOKING" shall be displayed at all places where fireworks are stored or sold in lettering not less than four inches in height and reflective in nature. (Section 3308.11 of the 2006 IFC.)

194 Eastlawn Ave Ste A
St. Robert, Mo 65584
Phone: (573) 451-2000 ext 1120
Fax: (573) 451-2013

CITY OF ST. ROBERT

M I S S O U R I
(Additional Requirements Cont.)

BUILDING DEPARTMENT

4. A **fence/barrier** shall be installed, be of nonmetallic materials and collapsible in nature, to provide for emergency evacuation.
5. All tent stakes shall be **marked**, identifiable and protected to avoid tripping and personal injury to the public.
6. There shall be **no** vehicle parking allowed within twenty-five feet of the structure/tent.
7. Tents/structures located within parking lots shall have appropriate traffic control measures in place.
8. Combustible vegetation shall be removed from the area occupied by a tent, canopy or membrane structure and from areas within 30 ft of such structures.

The following are items the city inspector will be looking for during the inspection:

For the first inspection you **must**:

1. Have the tent/structure secured, stakes marked, and protected.
2. If applicable, have electrical connected.
3. Have fence/barrier in place.
4. Have all required permits, license and flame resistance certificates posted.

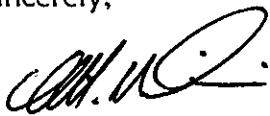
For the second and final inspection you **must**:

1. Have all requirements of the first inspection completed.
2. Have "EXIT" signs posted and visible.
3. Have "FIREWORKS_NO SMOKING" signs posted and visible.
4. Have required extinguishers in place and in working condition.
5. Have product on site and ready for sales to commence.

FIREWORKS MAY NOT BE SOLD TO THE PUBLIC UNTIL ALL INSPECTIONS ARE PASSED AND APPROVAL IS GIVEN BY A CITY INSPECTOR.

If you have any questions, please call (573) 451-2000 extension 1120.

Sincerely,



Charlie Misenheimer
Building Official
City of St. Robert

194 Eastlawn Ave Ste A
St. Robert, Mo 65584
Phone: (573) 451-2000 ext 1120
Fax: (573) 451-2013

Application for Building Permit

City of St. Robert

911 Address: _____ Ste/Lot: _____

Subdivision: _____ Circle One: Residential or Commercial

Property Owner Information

First/Last Name or Business: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor

Company Name: _____

St. Robert License Number: _____

Point of Contact: _____

Phone: _____

Work to be Done

	Addition	Retaining Wall
	Demolition	Roof
	Electric	Service Line
	Fence	Shed
	Frame	Siding
	Mechanical	Temp. Structure
	Plumbing	Drywall
	M.H. Replacement	Other
	Pool	

Will upgrade to utilities be necessary for work to be completed: Y N
(If required for electric an electrical upgrade sheet is required. See permit clerk.)

Applicant Information

Name: _____ Phone: _____ Applicant the Owner Y N

Address: _____ City: _____ State: _____ Zip: _____

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit. I also understand that I, along with all parties involved, are responsible for assuring that inspections are scheduled as necessary, and a representative must be present at all scheduled inspections. Failure to meet these requirements may result in a stop work order and assessment of rescheduling fees as outlined in the regulations and ordinances of the City of St. Robert. I further affirm that all necessary inspections shall be scheduled in accordance with the building code requirements of the City of St. Robert.

 Applicant Signature Date: _____

 Responsible Person in Charge of Work, Title Date: _____

Additional Needed Information
(must be completed and coincide with site plan)

Front Setback		Exterior Dimensions	
Left Setback		Lot Area	Sq Ft
Right Setback		Total Current Lot Coverage	Sq ft
Rear Setback		Total Est. Construction Cost	\$

Electrical

Total Number Service Outlets To be Added: _____110v _____220v

Total Service _____Amps Revisions to be made:_____

Plumbing/Water, Sewer Service

Revisions to be made:_____

Mechanical

Heating:_____ Cooling:_____ Hood Suppression System:_____ Other:_____

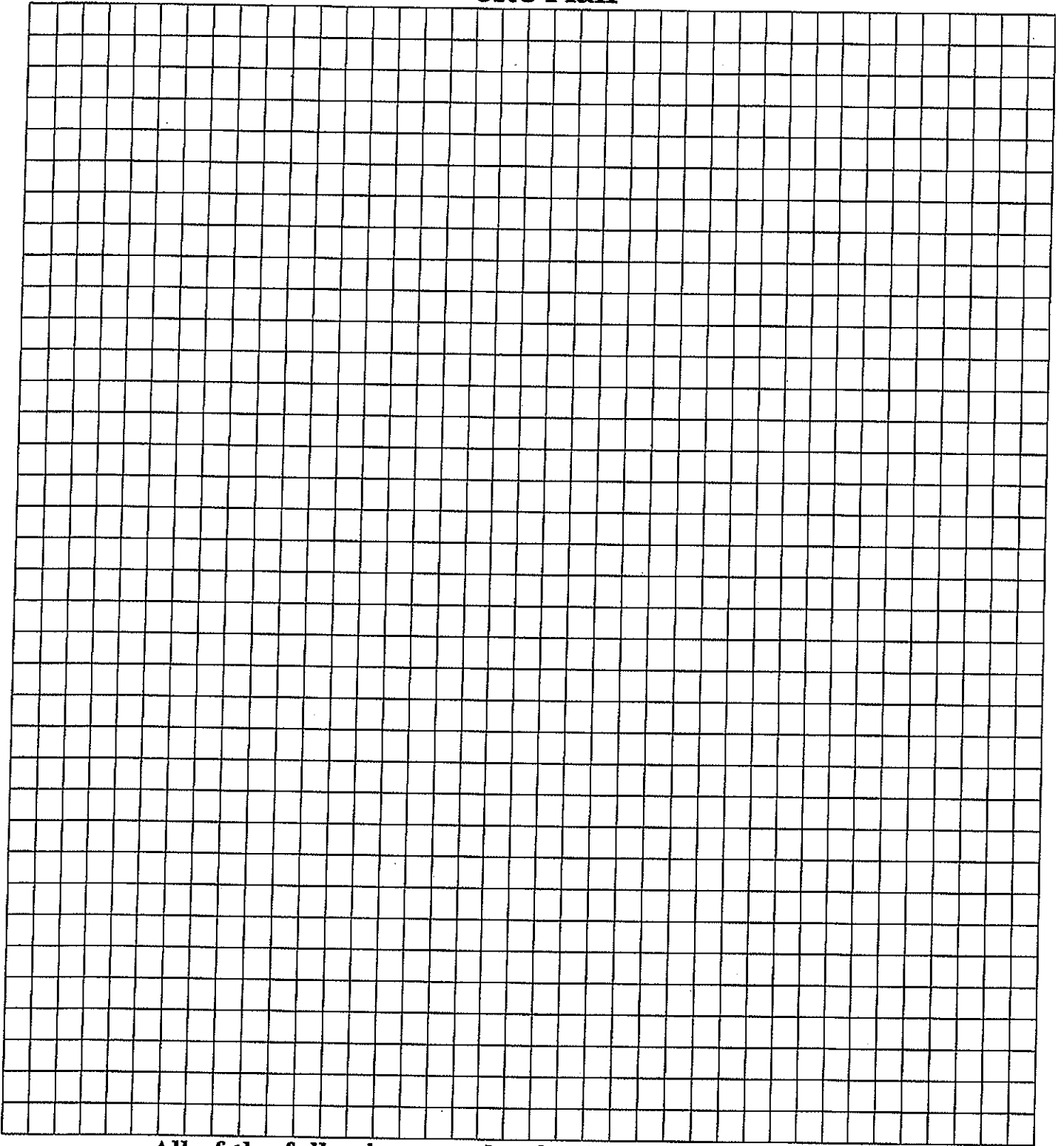
Heating Source: _____Natural Gas _____Oil _____Propane _____Electric _____Other(list below)

Revisions to be made:_____

Other Information:_____

Note: Incomplete applications will be denied and returned to applicant. Fees are non-refundable.

Site Plan



**All of the following must be clearly marked on site plan:
Property/Lot Boundary, Dimensions, Location of Structures, Easements, Location of Work
to be Done, Street, North Symbol, Setbacks, and any other pertinent information for work.**

**SPECIAL EVENTS PERMIT
CITY OF ST. ROBERT, MISSOURI**

Information and any required attachments must be provided for the application to be accepted.
PLEASE TYPE OR PRINT

Applicant: _____ Phone: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Alt. Phone: _____

Description of Special Event:

Location of Special Event: _____

Start Date of Special Event: _____ Ending Date of Special Event: _____

Start Time of Special Event: _____ Ending Time of Special Event: _____

The undersigned does hereby affirm that during the operation of said Special Event to which the applications submitted for, the hours of operation will be adhered to and the time frame specified for the conduct of this Special Event shall not be exceeded. Furthermore, any building permits which may be required will be obtained, and all litter which may be generated from this Special Event will be removed at no expense to the City of St. Robert.

Applicant Signature: _____ Date: _____

Property Owner Signature: _____ Date: _____

FOR LAND USE ADMINISTRATOR ONLY

Date Filed: _____ Permit #: _____ Filing Fee: _____
Date Reviewed: _____

TYPE OF SPECIAL PERMIT

Amusement Activity: _____ Amusement Device: _____ Fireworks Sale: _____
Outdoor Charitable Sale: _____ Product Show/Bazaar: _____ Christmas Tree Sale: _____

Approval Date: _____ Signature: _____

Disapproval Date: _____ Signature: _____

Reason for Disapproval: _____

