



FOR OFFICE USE ONLY

PERMIT # _____

JOHNSON COUNTY CONSOLIDATED FIRE DISTRICT NO. 2**APPLICATION FOR FIRE DISTRICT PLAN REVIEW/PERMIT - New Construction**

PLEASE PRINT

DATE:

PLANS:

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HARD COPY

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PDF/DIGITAL COPY

SECTION A: SITE INFORMATION

Name of Building/Site:

Name of

Lessee:

Site Address:

Building Owner:

Contact Name:

Owner Address:

Owner Contact Phone #:

Owner Email:

SECTION B: PROJECT AND BUILDING INFORMATION☐

New Construction



Square Footage of Largest Story

Anticipated Start/Finish Date of Project:

SECTION C: APPLICANT AND CONTRACTOR INFORMATION

General Contractor:

Email:

Contractor Address:

Phone:

Applicant's Company Name:

Contact Person:

Position:

Contact Phone:

Email:

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