



**CREVE COEUR FIRE PROTECTION DISTRICT**  
ADMINISTRATIVE CENTER  
11221 OLIVE BOULEVARD  
CREVE COEUR, MISSOURI 63141  
(PHONE: 314-432-5570 - FAX: 314-432-2367)  
Office Hours: Monday through Friday - 7:30 a.m. until 4:00 p.m.

**BONFIRE/CAMPFIRE  
PERMIT  
APPLICATION**

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

Name of Applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**INDIVIDUAL REQUESTING PERMIT**

Name of Individual: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Date: \_\_\_\_\_ Start time: \_\_\_\_\_ Finish time: \_\_\_\_\_

(Select one):      Bonfire  Campfire  Air Curtain Destructor  Other

Describe other: \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

On-Site Extinguishing Equipment: \_\_\_\_\_

Signature of Applicant\*: \_\_\_\_\_

**\* Signing of this application signifies that all parties have read, understand, and agree to comply with the instruction sheet provided. Failure to comply with instructions may result in revocation of the permit.**