



**ROCKY MOUNT FIRE PROTECTION DISTRICT**  
**20401 BRENDEL BLVD.**  
**ROCKY MOUNT, MO 65072**  
**573-392-4301**

**DOCK INSPECTION APPLICATION**

**Email: [agrant@rockymountfiredistrict.org](mailto:agrant@rockymountfiredistrict.org)**

**Application Date:** \_\_\_\_\_ **Dock Type:** ☐ Commercial ☐ Residential **Number of Wells/Slips:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Owners mailing address if different:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Dock Contractor(s):** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Gate Access Code (if applicable):** \_\_\_\_\_

**Other pertinent information for access?** \_\_\_\_\_

**DOCK PERMITS ARE VALID FOR 1 YEAR. THIS PERMIT INCLUDES 2 INSPECTIONS, ANY ADDITIONAL INSPECTIONS INCUR A \$25.00 FEE EACH.**

By submitting this application I am giving permission to the Rocky Mount Fire Protection District Inspector to enter my property and dock to inspect the dock for compliance with applicable Code/Ameren requirements. I have provided above any special access info and conveyed any known hazards.

I hereby certify that the owner of record authorizes the proposed work and application. I certify all items on this application to be true to the best of my knowledge and ability:

**Signature of Applicant:** \_\_\_\_\_ **Print name:** \_\_\_\_\_

**OFFICIAL USE ONLY**

**Date Application received** \_\_\_\_\_ **Receipt number** \_\_\_\_\_

**Permit Fee:** \_\_\_\_\_ ☐ Cash ☐ C.C. ☐ Check # \_\_\_\_\_ **Received by** \_\_\_\_\_

**Permit Number:** \_\_\_\_\_ **Issued by:** \_\_\_\_\_ **Date:** \_\_\_\_\_