



Winfield Foley Fire Protection District

3931 E Hwy 47
Winfield, MO 63389
Office 636-566-8406
Email office@wffpd.org



APPLICATION FOR VARIANCE

911 Address of Variance Location	Address:	Lot #
	City:	State: Zip:
Business or Subdivision Name		

Owner Name		Telephone #	
Mailing Address		Cell #	
City/State/Zip		Fax #	

Applicant Name		Telephone #	
Mailing Address		Cell #	
City/State/Zip		Fax #	

Type of Variance (v Check One)	Type of Occupancy (See ICC List)	Building Purpose (See ICC List)
<input type="checkbox"/> Fire Alarm System	Please briefly explain the situation:	
<input type="checkbox"/> Sprinkler System		
<input type="checkbox"/> Fire-Rated Systems		
<input type="checkbox"/> Other		

I certify that I am the owner or agent authorized to apply for this application and all information herein is true and correct. I understand that variance is not granted until board approval is obtained. A variance filing fee of \$50.00 will be required prior to the variance hearing by the board. The fee may be waived at the discretion of the Board of Directors.

Signature: _____ Date: _____

=====Office Use Only=====

Application #	Date of Application	Amount \$	Initials (Rev 03-2023)
____insp____	____/____/____	Check # Card	
		<input type="checkbox"/> Fee Waived	