



# APPLICATION FOR OCCUPANCY PERMIT

55 Crescent Ave. Valley Park, MO 63088 Voice: 636-225-4288 Fax: 636-225-5247

Date: \_\_\_\_|\_\_\_\_|\_\_\_\_ Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
STREET ADDRESS OF BUSINESS CITY STATE ZIP

Mailing Address: \_\_\_\_\_  
MAILING ADDRESS OF BUSINESS CITY STATE ZIP

Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Fax: \_\_\_\_-\_\_\_\_-\_\_\_\_  
BUSINESS PHONE BUSINESS FAX

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

Address: \_\_\_\_\_  
MAILING ADDRESS OF APPLICANT CITY STATE ZIP

Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ E-Mail: \_\_\_\_\_  
APPLICANT PHONE APPLICANT EMAIL ADDRESS

Type of products sold, manufactured, or stored: \_\_\_\_\_

Date ready for inspection: \_\_\_\_|\_\_\_\_|\_\_\_\_ Contact: \_\_\_\_\_  
NAME PHONE

Confidential Emergency Contact Information		
Contact Name	1 <sup>st</sup> Phone	2 <sup>nd</sup> Phone

*I certify that I am the owner or agent authorized to apply for this permit and that all information herein is true and correct. I understand that occupancy is not granted until the final inspection is approved.*

Signature: \_\_\_\_\_ Date: \_\_\_\_|\_\_\_\_|\_\_\_\_

Office Use Only	
Type of Occupancy: _____ <small>ASSEMBLY, RESIDENTIAL, ETC.</small>	Type of Construction: _____ <small>TYPE I, TYPE II, ETC.</small>
Total Square Foot: _____	Stories: _____ Number of Exits: _____
<input type="checkbox"/> Re-Occupancy <input type="checkbox"/> New Occupancy    Last Inspection ____ ____ ____ By: _____	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied    Date: ____ ____ ____	
Insp: _____ Occupant/Agent _____	
Recommendations: _____	
The above recommendations must be complied with before occupancy will be permitted.	
Occupant/Agent: _____	Date: _____
Inspector: _____	Date: _____