



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 st Phone	2 nd 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: _____

Print Name _____

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: _____