



VALLEY PARK FIRE DISTRICT
47 Crescent Avenue
Valley Park, Missouri 63088
Bus: 636-225-4288 Fax: 636-225-5247

APPLICATION FOR OCCUPANCY PERMIT

Date: _____ **Business Name:** _____

Street Address: _____

Mailing Address: _____
MAILING ADDRESS OF PROPERTY OWNER CITY STATE ZIP

Phone: _____ **Fax:** _____ **Email:** _____

Applicant Name: _____

Address: _____
MAILING ADDRSS OF CONTRACTOR CITY STATE ZIP

Phone: _____ **Email:** _____

Type of products sold, manufactured, or stored: _____

Date ready for inspection: _____ **Contact:** _____

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:** _____

Printed Name: _____

Type of Occupancy: _____	Office Use Only	Type of Construction: _____
Total Sq 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.		
Occupancy/ Agent: _____	Date: _____	
Inspector: _____	Date: _____	