



Permit # _____

Permit Fee: \$50.00

Central County Fire and Rescue Occupancy Permit

1220 Cave Springs Blvd., St. Peters, MO 63376

Phone (636) 970-9700 Fax: (636) 970-9715

Application is hereby made to the Fire Prevention Bureau for an Occupancy Permit Inspection.
(Please print clearly)

Name of Business: _____

Address to be Inspected: _____

Business Phone No: _____ Business Fax No: _____

Requested Inspection Date: _____ Square Footage: _____

Applicant Name: _____ Phone No. _____

Applicant Address: _____

Emergency Contact 1 Name: _____ Home Phone: _____

Cell Phone: _____

Home Address: _____ City, State, & Zip _____

E-mail: _____

Emergency Contact 2 Name: _____ Home Phone: _____

Cell Phone: _____

Home Address: _____ City, State, & Zip _____

E-mail: _____

NOTICE:

ALL UTILITIES MUST BE ON AT THE TIME OF THE INSPECTION

The inspection is valid for 90 days after the initial inspection date. An extension of time may be requested in writing and if approved by the Fire Official, an extension may be granted.

Signature of Applicant

Date

FIRE DISTRICT USE ONLY

Occupant Load _____ Use Group _____ Sprinklers Required _____

Special Conditions/Comments: _____

Entered in FH _____ Certificate Issued _____