



FENTON FIRE PROTECTION DISTRICT
845 GREGORY LANE
FENTON, MO 63026
(636) 343-4188
FAX: (636) 343-4451

APPLICATION FOR OCCUPANCY PERMIT

BUILDING ADDRESS _____

BUSINESS/TENANT NAME _____

PROPOSED USE _____

PRIOR USE _____

BUILDING OWNER _____

BUILDING OWNER ADDRESS _____

BUILDING OWNER PHONE NO. _____

EMERGENCY CONTACT ① (NAME/NO) **EMERGENCY CONTACT ② (NAME/NO)** **EMERGENCY CONTACT ③ (NAME/NO)**

MUNICIPALITY CITY OF FENTON ST. LOUIS COUNTY CITY OF SUNSET HILLS

PROPOSED PHONE NO. (____) _____ PROPOSED FAX NO. (____) _____

ARE YOU MOVING FROM ANOTHER LOCATION IN THE FENTON FIRE DISTRICT? YES _____ NO _____

IF YES, PREVIOUS ADDRESS: _____

BREAKDOWN OF SQUARE FEET	NUMBER OF EMPLOYEES	SPRINKLERED
SQ FT OF TENANT SPACE _____	_____	
SQ FT OF BLDG SPACE _____	_____	YES _____ NO _____

TYPE OF BUSINESS OPERATION (Please describe in depth). *EXAMPLE:* If the building is to be used for sales operation, will it be retail sales or wholesale sales? If you plan to use the building for storage – what type of materials do you intend to store (Gasoline, paint, equipment, etc.)? Manufacturers should mention what product will be manufactured and what type of equipment will be used: _____

THE UNDERSIGNED HEREWITH APPLIES FOR AN OCCUPANCY PERMIT FOR THE ABOVE DESCRIBED PREMISES UNDER THE TERMS OF THE FENTON FIRE PROTECTION DISTRICT. THIS APPLICATION IS NOT A PERMIT. THE PREMISES SHALL NOT BE OCCUPIED UNTIL ALL DISCREPANCIES (IF ANY) ARE CORRECTED AND AN OCCUPANCY PERMIT IS ISSUED BY THE FENTON FIRE PROTECTION DISTRICT, AND EITHER ST. LOUIS COUNTY, THE CITY OF FENTON, OR SUNSET HILLS..

Signed this _____ day of _____, 200____.

Applicant's Signature: _____

Applicant's Name (please print): _____ Title: _____

Applicant's Address: _____

Applicant Telephone No.: (____) _____ Fax No.: (____) _____