



# PATTONVILLE FIRE PROTECTION DISTRICT

13900 St. Charles Rock Road, Bridgeton, MO 63044  
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Fire Marshal's Office (314) 281-5026 firemarshal@pattonvillefd.com

## OCCUPANCY PERMIT APPLICATION

OCCUPANCY

TEMPORARY OCCUPANCY

ADDRESS TO BE OCCUPIED:		SUITE:
ANTICIPATED MOVE IN DATE:	PROPOSED USED:	
SQ FT OF USE:	SQ FT OF BUILDING :	
DOES THIS OCCUPANCY REQUIRE CONSTRUCTION OR STRUCTURAL CHANGES ? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>BUSINESS INFORMATION</b>		
BUSINESS NAME:		
MAILING ADDRESS <small>(IF DIFFERENT FROM OCCUPANCY)</small>		
BUSINESS PHONE <small>(AT NEW LOCATION)</small>		
BUSINESS OWNER NAME:	PHONE:	EMAIL:
PRIMARY CONTACT NAME:	PHONE:	EMAIL:
<b>EMERGENCY CONTACT INFORMATION</b>		
CONTACT NAME:	PHONE:	EMAIL:
CONTACT NAME:	PHONE:	EMAIL:
CONTACT NAME:	PHONE:	EMAIL:
<b>PROPERTY OWNER INFORMATION</b>		
PROPERTY OWNER:	PHONE:	
ADDRESS:	CITY/STATE/ZIP:	
CONTACT NAME:	EMAIL:	
<b>PROPERTY MANAGER INFORMATION <small>(IF APPLICABLE)</small></b>		
PROPERTY MANAGER	PHONE:	
ADDRESS:	CITY/STATE/ZIP:	
CONTACT NAME:	EMAIL:	
<b>FEE IS \$50.00 MAKE CHECKS PAYABLE TO PATTONVILLE FIRE PROTECTION DISTRICT ATTACH A COPY OF APPLICANT'S PHOTO ID TO THIS FORM</b>		
<b>DISCLAIMER AND SIGNATURE</b>		
<small>PLEASE READ BEFORE SIGNING THIS FORM: I certify that I am the owner/agent authorized to apply for this permit and all information herein is true and correct. I understand that the occupancy or use is NOT granted until the Fire District final inspection is APPROVED.</small>		
SIGNATURE :	TITLE:	
PLEASE PRINT NAME HERE:	DATE:	
INSPECTED BY: _____ DATE: _____		OFFICE USE ONLY PERMIT NUMBER: _____
ISSUED: _____	USE: _____	PAID _____ OCC. LOAD _____