



HIGH RIDGE FIRE PROTECTION DISTRICT
 2842 HIGH RIDGE BLVD.
 HIGH RIDGE, MO 63049
 (636) 677-3371
COMMERCIAL OCCUPANCY APPLICATION

(PLEASE PRINT)

DATE: _____
 BUSINESS NAME: _____
 BUSINESS ADDRESS: _____
 CITY: _____ ZIP CODE: _____ PHONE: _____
 TYPE OF BUSINESS: _____
 BUSINESS HOURS: _____
 OWNER / MGR OF BUSINESS: _____
 OWNER / MGR HOME ADDRESS: _____
 OWNER / MGR HOME PHONE: _____

EMERGENCY CONTACTS

1ST ALTERNATE: _____ PHONE: _____
 2ND ALTERNATE: _____ PHONE: _____
 3RD ALTERNATE: _____ PHONE: _____

 I UNDERSTAND THAT THIS IS AN APPLICATION FOR OCCUPANCY AND THAT I WILL OBIDE BY ALL APPLICABLE CODES AND ORDINANCES OF THE HIGH RIDGE FIRE PROTECTION DISTRICT. I UNDERSTAND THAT OCCUPANCY WILL NOT BE GRANTED PRIOR TO AN INSPECTION OF THE ABOVE MENTIONED COMMERCIAL PROPERTY AND THAT ANY VIOLATIONS FOUND WILL BE CORRECTED PRIOR TO OCCUPANCY OF SAID BUILDING. I FURTHER UNDERSTAND THAT ANY NON-COMPLIANCE TO THE CODES AND ORDINANCES ADOPTED BY THE HIGH RIDGE FIRE PROTECTION DISTRICT WILL RESULT IN THE OCCUPANCY APPLICATION AND OCCUPANCY PERMIT TO BE REVOKED.

SIGNATURE OF APPLICANT: _____ DATE: _____

OFFICE USE ONLY

FEE: _____ RECEIVED BY: _____ DATE: _____
 CHECK#: _____ CASH: _____ BUILDING CLASSIFICATION: _____
 APPROVED BY: _____ DATE APPROVED: _____

REMARKS OR CONDITIONS:
