



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

(PLEASE PRINT)

DATE: _____ PERMIT: _____

NAME OF OWNER / LESSEE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____ PHONE: _____

COMPLEX NAME: _____

COMPLEX ADDRESS: _____

LEASING AGENT NAME: _____ AGENT PHONE: _____

DATE INSPECTION REQUESTED: _____

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. **A 24 HOUR
 NOTICE IS REQUIRED FOR ALL INSPECTIONS.**

SIGNATURE OF APPLICANT: _____ DATE: _____

OFFICE USE ONLY

FEE: _____ RECEIVED BY: _____ DATE: _____

CHECK#: _____ CASH: _____

APPROVED BY: _____ DATE APPROVED: _____