



HIGH RIDGE FIRE PROTECTION DISTRICT

2842 HIGH RIDGE BLVD.

HIGH RIDGE, MO 63049

(636) 677-3371

MULTI-FAMILY CHANGE OF OCCUPANCY APPLICATION

(PLEASE PRINT)

DATE: \_\_\_\_\_ PERMIT: \_\_\_\_\_

NAME OF 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: \_\_\_\_\_