



HIGH RIDGE FIRE PROTECTION DISTRICT
2842 HIGH RIDGE BLVD. HIGH RIDGE, MO 63049
PHONE: 636-677-3371

COMMERICAL OCCUPANCY APPLICATION

DATE: _____

Business Name: _____

Business Address: _____

Business Email Address: _____

City : _____ Zip Code: _____ Phone: _____

Type of Business: _____

Owner/ Manager Name: _____

Owner / Manager Home Address: _____

City: _____ Zip Code: _____ Phone: _____

EMERGENCY CONTACT

1st Alternate: _____ Phone: _____

2nd 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. OCCUPANCY INSPECTIONS SHALL BE CONDUCTED ON MONDAY, WEDNESDAY, AND THURSDAY'S FOR AN AM INSPECTION OR A PM INSPECTION. UPON PAYMENT AND RECEPTION OF THE PERMIT APPLICATION AND FEE, THE HIGH RIDGE FIRE DISTRICT SHALL SCHEDULE AN INSPECTION FOR THE NEXT AVAILABLE DAY.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

Permit# _____ Received By : _____ Date: _____

Payment Type: Cash Credit Check# _____ RN: _____ Building Classification: _____

Entered in Calendar Date/Name _____

Entered in FH Date/Name: _____

Scheduled inspection date: _____

Re-inspection Date: _____

Entered in Ledger. Date/Name: _____

Approved By: _____

Date Approved: _____