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

APPLICATION FOR OCCUPANCY EXISTING RESIDENTIAL PROPERTY

DATE: _____   DATE INSPECTION REQUESTED: _____

TYPE OF RESIDENCE:

☐ Apartment   ☐ Condo

☐ Other - Explain: _____

Inspections will be conducted on Monday through Friday, between the hours of 9AM-12PM or 1PM-3PM. Inspections shall be scheduled according to availability of inspectors. If the inspection date requested is unavailable, then you will be scheduled for the next available inspection date. After the initial inspection, all corrections shall be completed within thirty (30) days or this permit is void. No inspections shall be conducted on weekends or holidays.

Address of Inspection: _____ City : _____ Zip Code: _____

Name of Subdivision: _____ Lot # (if applicable): _____ Entry Code (If Applicable):_____

CONTACT INFORMATION:

Owner/Property Manager

Name: _____   Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Realtor

Name: _____   Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

I understand if the information I have given is not true, my permit may be revoked by the Fire Marshal. I agree to comply with the adopting ordinance of the High Ridge Fire District. The owner or owner's agent is granting the Fire Code office the authority to enter areas covered by this permit to enforce code provisions related to the permit. I further understand that this structure may not be occupied by the buyer/renter until a certificate of occupancy has been issued. This original permit application will remain with the Fire Marshal and a copy will be given to applicant.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY
- -

Permit #: _____ **Received By :** _____ **Payment Amount:** _____ **Date:** _____

Payment Type: Cash   Credit   Check# _____ **Receipt Number:** _____

Entered in Calendar Date/Name: _____

Entered in APX Date/Name: _____

Entered in Ledger Date/Name: _____

Scheduled Inspection Date: _____ **Inspection Date Changed** (*Request of Applicant*): _____

Re-Inspection Date: _____

NOTES: _____