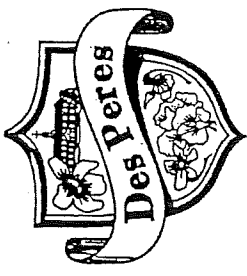


# CITY OF DES PERES, MO

## APPLICATION FOR OCCUPANCY PERMIT



PERMIT No. 0 \_\_\_\_\_ FEE \$ 50.00

APPLICATION DATE: \_\_\_\_\_  
 INSPECTION DATE / TIME: \_\_\_\_\_  
 TENANT: \_\_\_\_\_  
 TENANT ADDRESS: \_\_\_\_\_  
 PROPOSED USE: \_\_\_\_\_  
 APPLICANT: \_\_\_\_\_  
 APPLICANT ADDRESS: \_\_\_\_\_  
 APPLICANT PHONE / FAX: \_\_\_\_\_ / \_\_\_\_\_  
 PROPERTY OWNER: \_\_\_\_\_  
 OWNER ADDRESS: \_\_\_\_\_  
 OWNER PHONE / FAX: \_\_\_\_\_ / \_\_\_\_\_  
 AGENT SIGNATURE: \_\_\_\_\_

STRUCTURE DESCRIPTION
CLASS _____
USE GROUP _____
FLOOR AREA _____
# FLOORS _____
HEIGHT _____
OCCUPANCY TYPE _____

TENANT SPACE DESCRIPTION
ZONING DISTRICT _____
FLOOR AREA _____
# FLOORS _____
MEANS OF EGRESS _____
OCCUPANT LOAD _____
PARKING LOAD _____

FIRE SAFETY DESCRIPTION
SMOKE DETECTORS    Y _____ N _____
SPRINKLER SYSTEM    Y _____ N _____
FIRE EXTINGUISHERS    Y _____ N _____
EMERGENCY LIGHTING    Y _____ N _____
EXIT FIXTURES    Y _____ N _____
WALL SWITCHES    Y _____ N _____

ZONING REVIEW:     APPROVED     DENIED

CASE OFFICER: \_\_\_\_\_  
 SIGNATURE / DATE: \_\_\_\_\_ / \_\_\_\_\_

FIRE REVIEW:     APPROVED     DENIED

CASE OFFICER: \_\_\_\_\_  
 SIGNATURE / DATE: \_\_\_\_\_ / \_\_\_\_\_

THIS APPLICATION MUST BE ACCOMPANIED BY AN APPLICATION FOR BUSINESS LICENCE TO BE OBTAINED FROM THE DES PERES DEPARTMENT OF FINANCE. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED BY THE DEPARTMENT.

Department of Public Works  
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