

Community Fire Protection District Office of the Fire Marshal



Eric Gratza
Fire Marshal

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Assistant Fire Marshal

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OCCUPANCY PERMIT APPLICATION

Date of Application _____

Building or Space to be Occupied

Business Name (Print) _____

Street Address _____

Business Phone _____

Provide a detailed description of the business proposed. Include details of any special operations or processes that the business will perform:

Business Owner

Name (Print) _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

Building Owner

Name (Print) _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

After Hours Emergency Contacts

#1 Name _____ Phone _____

#2 Name _____ Phone _____

This application must be accompanied by a non-refundable \$100.00 application fee. **This application does not authorize occupancy. An occupancy permit will be issued after an inspection assures that the occupancy has no violations.**

Signature of Applicant _____ Phone _____

Print Name _____ Email _____