



COTTLEVILLE FIRE PROTECTION DISTRICT
To set up inspection 636-447-6655, then press "2"

APPLICATION FOR OCCUPANCY PERMIT

Please Type or Print Clearly

Application Date: _____ Inspection Date: _____

Business Name: _____

Type of Business: _____

Business Phone #: _____ Total square footage leased: _____

Address(es) Occupied: _____ Suite(s) #: _____

City: _____ Zip: _____

Business email: _____

Applicant: _____ **Signature:** _____

I understand that the building and occupancy will conform with the applicable requirements of the Cottleville Community Fire Protection District, Fire Prevention and Building Codes prior to issuance of a Certificate of Occupancy.

Please provide the name and after hours contact information for two people (key holders)

Primary Name: _____

Phone #: _____ Home Cell

Secondary Name: _____

Phone #: _____ Home Cell

Business Owner

Business Owner Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Owner Phone #: _____ Owner Email: _____

Building Owner

Building Owner Name/Company/Corporation: _____

Address: _____

City: _____ State: _____ Zip: _____

Owner Phone #: _____ Owner Email: _____

Permit Fee: \$70.00

Make checks payable to: Cottleville Fire Protection District

Email permit application to: fm@cottlevillefpd.org