

## COTTLEVILLE FIRE PROTECTION DISTRICT

1385 Motherhead Road | Cottleville, MO 63304 Phone 636-447-6655 | Fax 636-441-1742 | <a href="www.cottlevillefpd.org">www.cottlevillefpd.org</a>

*To set up inspection 636-447-6655 ext 2* 

## **APPLICATION FOR OCCUPANCY PERMIT**

Please Type or Print

Application Date:	-	Inspection Date:		
Business Name:				
Type of Business:				
Business Phone #:	Т	otal square footage	e leased:	
Mailing Address of Business:		Suite(s) #:		
(All addresses occupied):				
City:		Zip:		
Business email:				
Applicant:  I understand that the building and occupe Protection District, Fire Prevention and Building Please provide the name and Building Please provide the	ancy will conform with tuilding Codes prior to iss	suance of a Certificat	ments of the Cottleville Community Fire	 rs)
Primary Name:			<del></del>	
Phone #:		□Cell		
Secondary Name:				
Phone #:		□Cell		
Business Owner Name:				
Home Address:				
City:		State:	Zip:	
Owner Phone #:		Owner Ema	il:	
<b>Building Owner</b> Building Owner Name/Company/Corp	oration:			
Address:				
City:		State:	Zip:	_
Owner Phone #:		Owner Ema	il:	

Permit Fee: \$70.00

Make checks payable to: Cottleville Fire Protection District

Please email all permit applications to

FM@cottlevillefpd.org