

COTTLEVILLE FIRE PROTECTION DISTRICT

To set up inspection 636-447-6655, then press "2"

APPLICATION FOR OCCUPANCY PERMIT

	Please Type or Print Cle		
pplication Date:		Inspection Date:	
usiness Name:			
/pe of Business:			
usiness Phone #:	Total square fo	otage leased:	
ddress(es) Occupied:		Suite(s) #:	
ty:	Zip:		
ısiness email:			
pplicant: understand that the building and occupa otection District, Fire Prevention and Bui	icy will conform with the applicable re	equirements of the Cottleville Community	/ Fire
Please provide the name a	nd after hours contact infor	mation for two people (key h	older
imary Name:			
none #:	□Home □Cell		
econdary Name:			
econdary Name: none #: usiness Owner	□Home □Cell		
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hone #:econdary Name:econdary Name:enone #:enone #:enone #:enone #:enone Address:enone Address:enone Phone #:enone Phone Phon		Zip: Email:	

An email will be sent with a link that will allow you to pay online using a credit card. If you prefer to pay by check, please check this box \square

Email permit application to: fm@cottlevillefpd.org