



41 S. CENTRAL AVENUE  
CLAYTON, MISSOURI 63105

DATE \_\_\_\_\_

LOCATOR # \_\_\_\_\_

PERMIT # \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

FEES PAID \$ \_\_\_\_\_

RECEIVED BY \_\_\_\_\_

## APPLICATION FOR RE-OCCUPANCY PERMIT

BUILDING \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

FIRE DISTRICT \_\_\_\_\_ MUNICIPALITY \_\_\_\_\_

PROPOSED TENANT (Company Name) \_\_\_\_\_

PROPOSED TENANT (Individual Name) \_\_\_\_\_

PROPOSED USE \_\_\_\_\_ SQ/FT. TENANT SPACE \_\_\_\_\_

PRIOR USE \_\_\_\_\_ SQ/FT. BUILDING \_\_\_\_\_

BUILDING OWNER \_\_\_\_\_ OWNER PHONE # \_\_\_\_\_

BUILDING OWNER ADDRESS \_\_\_\_\_

NUMBER OF PARKING SPACES \_\_\_\_\_ IF PARKING LOT, PAVED \_\_\_\_\_ UNPAVED \_\_\_\_\_

### ***SIGNS – A PERMIT MUST BE OBTAINED FOR ALL CHANGES AND NEW SIGNAGE.***

The undersigned herewith applies for an occupancy permit for the above described premises under the terms of the St. Louis County Building Code. The permit fee must accompany this application. If the building is in a municipality, written approval must be obtained from that municipality prior to submitting application. (NOTE: Have the municipal official fill out and approve in Zoning Inspection portion). This application is not a permit and premises shall not be occupied until an inspection is made and all discrepancies (if any) are corrected. Application fee is not refundable.

APPLICANT'S SIGNATURE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

I certify that I am the owner in fee or agent authorized to apply for this permit; that I am authorized to and do consent to entry onto the premises by St. Louis County employees for inspections of the premises.

APPLICANT'S ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS REQUIRED: \_\_\_\_\_

### **FOR OFFICE USE ONLY**

ZONING INSPECTION: \_\_\_\_\_

ZONED \_\_\_\_\_ APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS: \_\_\_\_\_

ZONING SIGNATURE: \_\_\_\_\_

#### **INSPECTION:**

NUMBER OF OCCUPANTS \_\_\_\_\_ TYPE OF CONSTRUCTION \_\_\_\_\_ FLOORS \_\_\_\_\_

COMMENTS: \_\_\_\_\_

INSPECTOR ASSIGNED \_\_\_\_\_ INSPECTOR SIGNATURE \_\_\_\_\_

APPROVED: YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_ SUPERVISOR'S SIGNATURE \_\_\_\_\_