

## **OCCUPANCY PERMIT**

**APPLICATION AND \$50 PERMIT FEE DUE** 

PRIOR TO SCHEDULING OCCUPANCY INSPECTION

Check or Money Order Acc	epted-Payable to O'Fallon Fire Prot. District (Cas	sh/Credit Card Not Acce
Date	Plaza Name	
Street Address		
In accordance with Section F105.3	.3 of the O'Fallon Fire Protection District C	Ordinance No. 50
I	do hereby make application f	or an OCCUPANCY
	ated at the above mentioned address to be	
	Business Name	
and to be used for		•
	Type of Business	
THE O'FALLON FIRE PROTECTION	ONFORM WITH ALL APPLICABLE REQUIR DISTRICT, FIRE PREVENTION CODES AND PRIOR TO ISSUANCE OF USE PERMIT	
THE FOLLOWING TELEPHONE NUI	MBERS MUST BE FURNISHED:	
Business Phone Number		
24-Hour Emergency Contact Telep	hone Numbers (Key Holders)	
First Contact Name & Title	Phone Number (Home or Cell)	Email
Second Contact Name & Title	Phone Number (Home or Cell)	Email
Building Owner Information		
Building O	wner's Name	Phone Number
	Street Address, City, State, Zip Code	
	OFFICE USE ONLY	
Occupancy Approved		·:
Occupancy Load		
, ,	Fire Marshal Signature	Date