

Wentzville Fire Protection District

209 West Pearce Boulevard, Wentzville, Missouri 63385

636.327.6239 fax 636.639.1364

www.wentzvillefire.org

APPLICATION FOR OCCUPANCY PERMIT

Please TYPE or PRINT

Date: _____

Address: _____ City: _____ Zip: _____

Business Name: _____

Business Telephone Number: () _____

Business Use: _____

EMERGENCY CONTACT INFORMATION

Primary Contact Name: _____

Email: _____ Cell: () _____

Secondary Contact Name: _____

Email: _____ Cell: () _____

BUILDING OWNER INFORMATION

Owner Name: _____

Address: _____ City: _____ State/Zip: _____

Telephone Number: () _____

I do hereby make this application for an Occupancy Permit and agree to comply with all codes, ordinances and requirements of the Wentzville Fire Protection District. I understand that this Occupancy Permit may be revoked at any time for failure to comply with these requirements.

Applicant Name (print)

Applicant Name (signature)

FOR OFFICE USE ONLY

Fee paid (amount): _____ Date: _____ Permit Number: _____

Approval Date: _____ Approved By: _____

Revised August 2005

NEW BUILDING INFORMATION

Existing building _____ New building _____

Specific Property Use: _____
i.e. restaurant, office, clinic, warehouse, school, dept store, church.....

Building Use Group: Assembly Business Factory Institutional
(circle one) Mercantile Storage Misc.: _____

Mixed Property Use: NO / Yes: _____
(Row of stores, offices, residential, etc.....)

Construction Type: _____

Roof Covering: _____

Detectors: NO / Yes _____
List detector types (smoke, heat, water flow.....)

Sprinkler System: NO / Yes _____ FDC location: _____
List system type (wet, dry.....)

Sprinkler Room location: _____

Building dimensions: _____ X _____ Key box location: _____

Utility locations: Electric service: _____ Gas service: _____

Occupancy load: _____

Comments: _____

