Wentzville Fire Protection District
502 Luetkenhaus Blvd., 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: _____ Occupancy load: _____

EMERGENCY CONTACT INFORMATION

Primary Contact Name: _____

Email: _____ Cell: ( ) _____

Secondary Contact Name: _____

Email: _____ Cell: ( ) _____

BUILDING OWNER INFORMATION

Owner Name: _____

Address: _____ City: _____ State/Zip: _____

Email: _____ 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 February 2018

NEW BUILDING INFORMATION

Existing 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: _____

Comments: _____

_____

_____