

APPLICATION FOR OCCUPANCY FROM WEST COUNTY EMS & FIRE PROTECTION DISTRICT

PLEASE TYPE OR PRINT

DATE _____

In accordance with ordinances adopted by the Board of Directors of the West County EMS & Fire PD, all new business must obtain an Occupancy Permit as 1/17/2007.

Applicants Name: _____ Title _____

Business Name _____	Phone _____
Address _____	Suite # _____
City _____	Zip _____
Type of Business _____	

<input type="radio"/> Manager <input type="radio"/> Owner <input type="radio"/> Employee - Emergency Contact & Phone Number (Confidential)
1st _____ E/C Phone _____
<input type="radio"/> Manager <input type="radio"/> Owner <input type="radio"/> Employee - Emergency Contact & Phone Number (Confidential)
2nd _____ E/C Phone _____

Business Owner _____ Phone _____

Address _____ State _____ Zip _____

Property Owner _____ Phone _____
(If different than above)

Address _____ State _____ Zip _____

Emergency Phone Number for Building or Property Owner _____

Signature of Applicant _____ Print Name _____ Date _____

FEE: \$25.00 - Payable to West County EMS & Fire Protection District *Exempt if Building Permit was Issued*

FOR OFFICE USE ONLY			
Permit # _____	Issued By _____	Date _____	Inspected By _____
Fee _____	Received By _____	Date _____	Check # _____
Building Permit # _____	Use Group Classification _____		
Construction Type _____	Approximate Square Footage _____	Occupancy Load _____	
Fire Sprinkler <input type="radio"/> Yes - <input type="radio"/> No - <input type="radio"/> Limited Area	Remarks &/or Special Conditions - _____		
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