

**ANTONIA FIRE PROTECTION DISTRICT**

**FIRE PREVENTION BUREAU**

6633 MOSS HOLLOW ROAD

BARNHART, MISSOURI 63012

636-948-4433

FAX: 636-948-0540

**APPLICATION FOR OCCUPANCY PERMIT**

**EXISTING COMMERCIAL PROPERTY**

DATE: \_\_\_\_\_

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

NAME OF BUSINESS

PHONE NO.

ADDRESS OF COMMERCIAL PROPERTY

(Plaza)

SUITE

MAILING ADDRESS (If different than above)

CITY/STATE/ZIP

NAME (NEW OWNER OR OCCUPANT)

PHONE

CELL/PAGER

MAILING ADDRESS

CITY/STATE/ZIP

PROPERTY OWNER/ AGENT

PHONE

CELL/PAGER

SELLER'S NAME (IF ANY)

PHONE NO.

ADDRESS

CITY/STATE/ZIP

SQUARE FOOTAGE OF STRUCTURE: \_\_\_\_\_ USE GROUP TYPE \_\_\_\_\_ BLDG. TYPE: \_\_\_\_\_

**AFTER INITIAL INSPECTION ALL CORRECTIONS WILL NEED TO BE COMPLETED WITHIN 30 DAYS OR THE PERMIT IS VOID.**

INSPECTION FEE \$50.00 Cash/check # \_\_\_\_\_ Inspection fee paid: Yes \_\_\_\_\_ No \_\_\_\_\_

**AFTER (2) INSPECTIONS ARE MADE AND PROPERTY HAS STILL FAILED, THERE WILL BE A REINSPECTION FEE OF FIFTY (\$50.00) DOLLARS.**

**SPECIAL NOTE:** Check must accompany application. Failure to comply with any ordinance of the Antonia Fire Protection District can cause this occupancy permit to be revoked until the violations have been corrected and approved by the Fire Marshal.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**A MINIMUM OF 24 TO 48 HOURS NOTICE IS REQUIRED FOR ALL INSPECTIONS!**

All inspections will be done the following day if received before 3 p.m. the day before and the schedule is not full. No inspections will be done on weekends or holidays.

# Antonia Fire Protection District

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Barnhart, MO 63012  
636-948-4433  
Fax: 636-948-0540

MO STATE  
TAX I.D.#

## GENERAL INFORMATION FORM

Business Name: \_\_\_\_\_ Ph#: (\_\_\_\_) \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Fax#: (\_\_\_\_) \_\_\_\_\_

Owner of Business: \_\_\_\_\_ Ph#: (\_\_\_\_) \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Ph#: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Ph#: (\_\_\_\_) \_\_\_\_\_

Name of Building or Complex: \_\_\_\_\_

Owner of Building: \_\_\_\_\_ Ph#: (\_\_\_\_) \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Ph#: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Ph#: (\_\_\_\_) \_\_\_\_\_

Alarm Co. Name: \_\_\_\_\_ Ph#: (\_\_\_\_) \_\_\_\_\_

Alarm Co. Address: \_\_\_\_\_

DOES THE ALARM CONTACT ANY OF THE FOLLOWING:

Fire: \_\_\_\_\_ Police: \_\_\_\_\_ Both: \_\_\_\_\_ Local: \_\_\_\_\_ Monitor: \_\_\_\_\_

Gas Co. Name: \_\_\_\_\_ Ph#: (\_\_\_\_) \_\_\_\_\_

Gas Co. Address: \_\_\_\_\_

Extinguisher Co: \_\_\_\_\_ Ph#: (\_\_\_\_) \_\_\_\_\_

Extinguisher Co. Address: \_\_\_\_\_

Knox Box Location: \_\_\_\_\_

Other Information: \_\_\_\_\_

Month & year business opened at this location: \_\_\_\_\_ / \_\_\_\_\_

FOR OFFICE USE ONLY

Inspection Date: \_\_\_\_\_

Shift making inspection: \_\_\_\_\_

LAST UPDATED: