

APPLICATION FOR OCCUPANCY PERMIT



UNION FIRE PROTECTION DISTRICT

1401 West Springfield Ave
UNION MO 63084

636-583-2515 • (F) 636-583-6433 • ufpd1@sbcglobal.net

Date of Application: _____

Business Name: _____

Business Address: _____

MO Sales Tax # : _____

Business Phone: _____

E-Mail : _____

Business Owner/Manager: _____

Phone: _____

Building Owner: _____

Phone: _____

Emergency Contact _____

Emergency Phone: _____

Are you in the Union City Limits: _____

The above listed property will be used as (example: Auto Body Shop)

Details regarding the above requested must be filed when application is made and whenever requested by the Fire Marshal. It is the applicant's responsibility to ensure that conditions are in accordance with applicable State and Local fire regulations.

Applicants Signature: _____

Date: _____

FOR INTERNAL USE ONLY

DATE ISSUED _____

PERMIT NO. _____

INSPECTOR _____