

COMMERCIAL OCCUPANCY INSPECTION APPLICATION

Application is hereby made to the Building Commissioner of The City of Florissant, Missouri,
for a commercial occupancy inspection.

Property Address: _____ Zip: _____ Ward: _____

Name of Business: _____ Business Phone#: _____

Type of Business: _____ Alternate #: _____

Owner of Business: _____ Owner Address: _____
Please Print Please Print

Owner Phone: _____ Alternate #: _____

Property Owner's Name: _____ Property Owner Phone # _____
Please Print

Property Owner's Address: _____
Please Print

Applicants Signature

Date

OFFICE USE ONLY BELOW LINE

INSPECTION DATE: _____ INSPECTION TIME: _____ EXP. DATE: _____

RE-INSPECTION DATE: _____ RE-INSPECTION TIME: _____

RE-INSPECTION DATE: _____ RE-INSPECTION TIME: _____

The following items require correction, re-inspection, and approval by the Building Department:

**If you have any questions, please contact the Public Works Building Department at
314-839-7648 or 314-839-7649.**

Inspector: _____ Date: _____ Received by: _____

Not Approved _____ Conditional (30 day) Approved _____

Conditional (60 day) _____ Conditional (90 day) Approved _____

FVFPD Called: _____ Zoning: _____ Special Permit# _____ B5: _____ Initials: _____

Receipt # _____ Receipt Amt. _____ Date: _____

**THIS IS NOT AN OCCUPANCY PERMIT.
AN OCCUPANCY PERMIT MUST BE OBTAINED
FROM THE DIRECTOR OF PUBLIC WORKS
PRIOR TO OCCUPYING THIS BUILDING.**