CITY OF FLORISSANT
DEPARTMENT OF PUBLIC WORKS
955 RUE ST FRANCOIS
FLORISSANT, MO 63031
(314) 839-7648 // publicworks@florissantmo.com

COMMERCIAL OCCUPANCY INSPECTION APPLICATION

☐ VACANT

☐ OCCUPIED

/ /

Submission Date

PROPERTY ADDRESS

Street Number and Name	Zip Code	Ward

BUSINESS INFORMATION

Name of Business	Type of Business

Email Address	Primary Phone Number	Secondary Phone Number

BUSINESS OWNER INFORMATION

Business Owner Name	Date of Birth / /

Mailing Address – Street Name	City/ State	Zip Code

Email Address	Primary Phone Number	Secondary Phone Number

PROPERTY OWNER INFORMATION

Property Owner Name	

Email Address	Primary Phone Number

Mailing Address – Street Name	

City/ State	Zip Code

PROPERTY MANAGER INFORMATION

Property Manager Name	Date of Birth / /

Email Address	Primary Phone Number

Mailing Address – Street Name	

City/ State	Zip Code

I, as the owner, tenant, or authorized agent for the property described above, do hereby certify that I have the authority to make this application for commercial occupancy inspection. That the information provided is correct and that any use or construction will conform to the regulation for the codes of the City of Florissant as applicable.

X _____ / _____

Signature   Date

▼▼▼▼▼▼▼ FOR OFFICE USE ONLY ▼▼▼▼▼▼▼▼

ZONING

ZONING DIST	SPECIAL USE PERMIT- ORD NO.	B5 NO.
FIRE DISTRICT NOTIFIED ☐ YES ☐ NO	CLERK INITIALS:	EXPIRATION DATE: / /

INSPECTIONS

	INSPECTOR	DATE	STATUS
INITIAL INSPECTION		/ /	
RE-INSPECTION		/ /	
2ND RE-INSPECTION		/ /	
3RD RE-INSPECTION		/ /	

CLERICAL

	FEE $	RECEIPT #	RECEIPT DATE	INSP. DATE	TIME
INITIAL INSPECTION	$	#	/ /	/ /	@
RE-INSPECTION	$	#	/ /	/ /	@
2ND RE-INSPECTION	$	#	/ /	/ /	@
3RD RE-INSPECTION	$	#	/ /	/ /	@