



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

<input type="checkbox"/> VACANT
<input type="checkbox"/> OCCUPIED

COMMERCIAL OCCUPANCY INSPECTION APPLICATION

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	Date of Birth	
Mailing Address – Street Name	City/ State	Zip Code
Email Address	Primary Phone Number	Secondary Phone Number

ZONING#	SPECIAL USE PERMIT#	B5#	INITIALS:
FVFPD CALLED DATE: / /	CLERK:	EXPIRATION DATE: / /	

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

X _____ / _____
 Signature Date

FOR OFFICE USE ONLY

INSPECTIONS	INSPECTOR	DATE	STATUS		
INITIAL INSPECTION		/ /			
RE-INSPECTION		/ /			
2 ND RE-INSPECTION		/ /			
3 RD RE-INSPECTION		/ /			
CLERICAL	FEE \$	RECEIPT #	RECEIPT DATE	INSP. DATE	TIME
INITIAL INSPECTION	\$	#	/ /	/ /	@
RE-INSPECTION	\$	#	/ /	/ /	@
2 ND RE-INSPECTION	\$	#	/ /	/ /	@
3 RD RE-INSPECTION	\$	#	/ /	/ /	@

