



**CITY OF FLORISSANT**  
**DEPARTMENT OF PUBLIC WORKS**

955 RUE ST FRANCOIS  
 FLORISSANT, MO 63031

(314) 839-7648 // publicworks@florissantmo.com

**COMMERCIAL OCCUPANCY INSPECTION APPLICATION  
 & ZONING AUTHORIZATION**

<input type="checkbox"/> NEW TENANT
<input type="checkbox"/> EXISTING TENANT
<input type="checkbox"/> OWNER OCCUPYING

Submission Date
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**PROPERTY ADDRESS**

* Street Number and Name	* Zip Code	* Ward
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**APPLICANT**

* Applicant Full Name	* Date of Birth	* Driver's License #	* State
* Mailing Address – Street Name	* City	* State	* Zip Code
* Applicant Email Address	* Primary Phone Number	* Secondary Phone Number	
Applicant Role: <input type="checkbox"/> Property Owner <input type="checkbox"/> Business Owner <input type="checkbox"/> Business Manager <input type="checkbox"/> Property Manager <input type="checkbox"/> Authorized Agent <input type="checkbox"/> Other _____			

I, the applicant, as the owner or authorized agent for the proposed business, do hereby certify that I have the authority to make this request for zoning authorization for the activity described within this application and as shown on any plans, documents or descriptions, that the information provided is correct and that any use or construction will conform to the regulations of the Florissant Zoning Code, Chapter 405, as applicable. I, the applicant, understand that this application authorizes the Building Commissioner or designee to perform reasonable site inspections as required to determine compliance with the conditions applicable to this application. Further, I understand that any deviation from the application as requested shall require the express written approval of the Zoning Administrator. I, the applicant, understand that incomplete or false information within this application will result in a VOIDED or REJECTED submission and will be subject to administrative fees.

* Applicant Signature (Agree to Terms)	* Date
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**PROPOSED BUSINESS INFORMATION**

* Name of Proposed Business	* Operating DBA if applicable	* Proposed Square Footage
* Business Email Address	* Primary Phone Number	* Secondary Phone Number
* Proposed Business Description – Attach additional description outlining all intended uses and activities of business.		

**BUSINESS OWNER INFORMATION – Not Required if Same as Applicant**

* <input type="checkbox"/> Same as Applicant	* Business Owner Name	* Date of Birth	* Driver's License #	* State
* Mailing Address – Street Name	* City	* State	* Zip Code	
* Email Address	* Primary Phone Number	* Secondary Phone Number		

**PROPERTY REPRESENTATIVE INFORMATION – Must be Property Manager or Property Owner**

* <input type="checkbox"/> Owner <input type="checkbox"/> Manager	* Property Representative Full Name	* Date of Birth	* Driver's License #	* State
* Property Representative Mailing Address – Street Name	* City/ State		* Zip Code	
* Property Representative Email Address	* Primary Phone Number	* Secondary Phone Number		

**SECTION BELOW – Building Department Office Use Only**

CLERICAL	FEE \$	RECEIPT #	RECEIPT DATE	INSP. DATE & TIME	INSPECTOR	STATUS
INITIAL INSPECTION	\$	#	/ /	/ /		
RE-INSPECTION				/ /		
2 <sup>ND</sup> RE-INSPECTION				/ /		
3 <sup>RD</sup> RE-INSPECTION				/ /		

**ZONING AUTHORIZATION – Building Commissioner Only**

SPRINKLERS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE DIST NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	CHANGE OF USE <input type="checkbox"/> YES <input type="checkbox"/> NO	ORDINANCE NO.
CONDITIONS OF APPROVAL			
BLDG. COMM'R <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	BLDG. COMM'R SIGN:	DATE:	Application Expires in 120 Days.