

# APPLICATION FOR OCCUPANCY PERMIT



1401 West Springfield Ave  
UNION MO 63084  
Phone: 636-583-2515  
Fax: 636-583-6433  
UFPD@unionfd.org

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**MO State Tax ID#:** \_\_\_\_\_

**Business Phone Number:** \_\_\_\_\_

**Business Email Address:** \_\_\_\_\_

**Business Owner/  
Business Manager:** \_\_\_\_\_

Owner/Manager  
Phone Number: \_\_\_\_\_

**Building Owner:** \_\_\_\_\_

Building Owner  
Phone Number: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Emergency Contact  
Phone Number: \_\_\_\_\_

**Are you in Union City Limits:**             YES     NO

**The Above 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.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For Internal Use Only** (to be filled out by UFPD)

Date Issued \_\_\_\_\_

Permit NO. \_\_\_\_\_

Permit Fee \_\_\_\_\_

Inspector \_\_\_\_\_