



606 Fairgrounds Rd.
Warrenton, MO 63383
(636) 456-8935 Administration
(636) 456-7764 Fax
www.warrenton-fire.org

Warrenton Fire Protection District

APPLICATION FOR OCCUPANCY PERMIT

BUILDING ADDRESS _____

BUSINESS/TENANT NAME _____

PROPOSED USE _____

PRIOR USE _____

BUILDING OWNER _____

BUILDING OWNER ADDRESS _____

BUILDING OWNER PHONE NO. _____

EMERGENCY CONTACT ① (NAME/NO) EMERGENCY CONTACT ② (NAME/NO) EMERGENCY CONTACT ③ (NAME/NO)

MUNICIPALITY WARRENTON TRUESDALE WARREN COUNTY

PROPOSED PHONE NO. () _____ PROPOSED FAX NO. () _____

ARE YOU MOVING FROM ANOTHER LOCATION IN THE WARRENTON FIRE PROTECTION DISTRICT? YES _____ NO _____

IF YES, PREVIOUS ADDRESS _____

BREAKDOWN OF SQUARE FEET	NUMBER OF EMPLOYEES	SPRINKLERED
SQ FT OF TENANT SPACE _____	_____	YES _____ NO _____
SQ FT OF BLDG SPACE _____		

TYPE OF BUSINESS OPERATION (Please describe in depth.) *EXAMPLE:* If the building is to be used for sales operation, will it be retail sales or wholesale sales? If you plan to use the building for storage – what type of materials do you intend to store (Gasoline, paint, equipment, etc.?) Manufacturers should mention what product will be manufactured and what type of equipment will be used: _____

THE UNDERSIGNED HEREWITH APPLIES FOR AN OCCUPANCY PERMIT FOR THE ABOVE DESCRIBED PREMISES UNDER THE TERMS OF THE WARRENTON FIRE PROTECTION DISTRICT. THIS APPLICATION IS NOT A PERMIT. THE PREMISES SHALL NOT BE OCCUPIED UNTIL ALL DISCREPANCIES (IF ANY) ARE CORRECTED AND AN OCCUPANCY PERMIT IS ISSUED BY THE WARRENTON FIRE PROTECTION DISTRICT, AND EITHER WARREN COUNTY, CITY OF WARRENTON OR THE CITY OF TRUESDALE. Contact the appropriate agency for their requirements.

Signed this _____ day of _____, 200_____.

Applicant's Signature: _____

Applicant's Name (please print): _____

Applicant's Address: _____

Applicant Telephone No.: () _____ Fax No.: () _____

Occupancy Approved Yes ___ No ___ By _____ Date _____ Violations corrected Yes ___ No ___