



Monarch Fire Protection District

13725 Olive Blvd., Chesterfield, MO 63017

314-514-0900 ext. 2230

fireprevention@monarchfpd.org

www.monarchfpd.org

REOCCUPANCY APPLICATION

SITE ADDRESS:

LOCATION INFORMATION

ADDRESS TO BE OCCUPIED:		SUITE NO.
Business DBA Name:		
Business Owner:		
Email:	Cell:	
Corporate Name If Other Than DBA:		
Address:	Suite:	
City/State, Zip		

ON SITE MANAGER FOR NEW LOCATION

Name:	Phone:
Email:	Title:

EMERGENCY CONTACT (If Different)

Name:	Phone:
Email:	Title:

BUILDING PROPERTY INFORMATION

Property Owner: _____	Property Manager: _____
Address: _____	Address: _____
City/State, Zip: _____	City/State, Zip: _____
Contact Person: _____	Contact Person: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

DISCLAIMER AND SIGNATURE

PLEASE READ BEFORE SIGNING THIS FORM: I certify that I am the owner/agent authorized to provide this information and that this information herein is true and correct. I understand that occupancy or use is not granted until the Fire District final inspection is APPROVED.

SIGNATURE:	TITLE:
PLEASE PRINT NAME HERE:	DATE:

PERMIT #:

For District Use Only		
CONST TYPE: _____	USE GROUP _____	COMMENTS _____
PLANS APPROVED BY _____ DATE _____ PERMIT FEE _____		
PERMIT ISSUED BY _____ DATE _____ ENTRY DATE _____		
PLANS: _____ ATTACHED _____ SEPARATE		

CASH ___ CREDIT # _____ CHECK # _____ RECEIPT # _____ PAID DATE _____

DESCRIPTION OF BUSINESS			
New business			
Relocating within the Monarch Fire Protection District to a new location			
If so, is your current address being vacated?		Yes	No
Increasing square footage at existing location			
Change in ownership or business structure			
Anticipated move-in Date _____ Existing tenant space Sq. Ft. _____ + Sq. Ft. Expansion _____ Total Sq. Ft. _____ Total # of employees at this location: _____ Will there be outdoor storage? _____		Contact person for the occupancy inspection to be performed at this location: Name: _____ Company: _____ Phone: _____ Email: _____	
Office	Health Care	Restaurant	
Retail	Warehouse	Religious	
Service	Manufacturing	Industrial	
Other: _____			
Indicate the business activity to take place at this location. Please be very specific, for example, if it is an office we will need to know if it is an engineering company or an advertising agency, etc. If it is a warehouse we will need to know what you are storing and how (racks or pallets). Will storage exceed 12 feet in height? _____ _____ _____ _____ _____			

YES , The Occupancy/Business involves storage, sale or use of the following (Please check all applicable-below):	
NO , The Occupancy/Business does NOT involve storage, sale or use of the following:	
Alcohol Sales (Off Site Consumption)	High Piled Stock (Over 12 Feet in Height)
Alcohol Sales (On Site Consumption)	Welding or Cutting
Firearms/Accessories Sales or Service	Liquid Propane
Explosives or Ammunition	Compressed Gas
Food Sales/Preparation/Products	Flammable or Combustible Liquids (10 Gals. or More)
Outdoor Storage	Poisonous/Hazardous Chemicals/Acids
Smoking/Tobacco Sales	Fireworks
Vehicle Repair/Sales/Service	Other Hazards (Specify):
Vet Clinic/Animal Boarding	