

# MONARCH FIRE PROTECTION DISTRICT



13725 OLIVE BLVD., CHESTERFIELD, MO 63017

314-514-0900, EXT. 2234

[fireprevention@monarchfpd.org](mailto:fireprevention@monarchfpd.org)

[www.monarchfpd.org](http://www.monarchfpd.org)

## REOCCUPANCY APPLICATION

| LOCATION INFORMATION  |                             |
|---|-----------------------------|
| <b>ADDRESS TO BE OCCUPIED:</b>  | <b>SUITE NO.</b>            |
| 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:                      |
| 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  |                             |
| <b>PLEASE READ BEFORE SIGNING THIS FORM:</b> 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. |                             |
| <b>SIGNATURE:</b>   | <b>TITLE:</b>               |
| PLEASE PRINT NAME HERE:   | <b>DATE:</b>                |
| OFFICE USE ONLY   |                             |
| CONST TYPE _____ USE GROUP _____ COMMENTS _____   |                             |
| PLANS APPROVED BY _____   | DATE _____ PERMIT FEE _____ |
| PERMIT ISSUED BY _____  | DATE _____ ENTRY DATE _____ |

ADDRESS:

PERMIT #:

CREDIT  CASH  CHECK # \_\_\_\_\_

RECEIPT # \_\_\_\_\_

Revised 2/26/16

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ADDRESS:

**DESCRIPTION OF BUSINESS**

*Please check one:*

- 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: \_\_\_\_\_

|            |               |            |
|------------|---------------|------------|
| Office     | Health Care   |            |
| Retail     | Warehouse     | Religious  |
| Service    | Manufacturing | Industrial |
| Restaurant | 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?

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PERMIT #:

|  |   |
|--|---|
| <b>YES, The Occupancy/Business involves storage, sale or use of the following (Please check all applicable-below):</b> |   |
| <b>NO, The Occupancy/Business does NOT involve storage, sale or use of the following:</b>                              |   |
| 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   |   |