

INSP. DATE: \_\_\_\_\_ ZONING CODE: \_\_\_\_\_ DISTRICT \_\_\_\_\_

TIME: \_\_\_\_\_ PERMITTED USE: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_ CONDITIONAL USE: \_\_\_\_\_

DATE PERMIT REVIEWED/APPROVED: \_\_\_\_\_

**CITY OF OVERLAND  
COMMERCIAL OCCUPANCY PERMIT APPLICATION**

**PLEASE TYPE OR PRINT**

Date of Application \_\_\_\_\_

Application is hereby made to the Building Commissioner of the City of Overland for an Occupancy Permit to occupy the building located at:

**ADDRESS OF BUSINESS**

NAME OF BUSINESS: \_\_\_\_\_

OWNER OF BUSINESS: \_\_\_\_\_

"CURRENT" MAILING ADDRESS: \_\_\_\_\_

	Number	Street		
City	State	Zip Code	Home Phone No.	Business Phone No.

OWNER OF BUILDING \_\_\_\_\_

Building Owner's Address/Phone No. \_\_\_\_\_

	Number	Street		
City	State	Zip Code	Home Phone No.	Business Phone No.

Are you renting or buying property? \_\_\_\_\_

Type of Business: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Number of employees: \_\_\_\_\_

**ATTACH A LETTER ON COMPANY LETTERHEAD DESCRIBING IN DETAIL THE PROPOSED USE OF THE PROPERTY. AN INSPECTION will NOT be scheduled without this letter!**

**NOTE: All food service businesses must submit permit applications and plans to the St. Louis County Department of Health PRIOR to requesting a City of Overland Occupancy Inspection. Contact the St. Louis County Health Department at (314) 615-7469 for instructions and applications.**

**NOTE: Application must be made with the COMMUNITY FIRE PROTECTION DISTRICT, 8847 St. Charles Rock Road, 428-1128. Please coordinate the Fire Marshall's inspection and the City's inspection for the same time.**

**NOTE: Any falsification of this application shall void the permit. It is unlawful to occupy the premises and do business until after the Occupancy Permit and the Business License have been approved and issued. The Occupancy Permit and License are issued together by the City Clerk's Office. This application must be filled out completely and returned to the Public Works Department.**

Call 428-4677 to schedule an inspection.

By signing this application, I acknowledge that I have read and fully agree to the terms and conditions set forth hereon.

Signature of Applicant (Date)	Signature of Owner of Business (Date)	Signature of Owner of Property (Date)
<b>Print Name of Applicant</b>	<b>Print Name of Owner of Business</b>	<b>Print Name of Owner of Property</b>
<b>Photo Identification Required for both Applicant &amp; Owner</b>		
<i>(NOTE: Signature(s) of the Property Owner must be notarized)</i>		

Subscribed and sworn before me personally appeared \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Notary

