



City of Hazelwood Commercial Occupancy Permit Application

415 Elm Grove Lane Hazelwood, Missouri 63042 Phone: 314-513-5013 Fax: 314-839-0249 www.hazelwoodmo.org

FILL FORM OUT COMPLETELY

(Section 500.140.B2) Operation of Business without Occupancy Permit will result in a Municipal Court Summons issued to Owner and Occupant

50,000 square feet or less - \$100 50,001 square feet or more - Sq. Ft. times \$.003

(Paid to Finance with Business License Fee)

Date: \_\_\_/\_\_\_/\_\_\_

Total Square Footage of Interior Leased Area \_\_\_\_\_

D/B/A BUSINESS NAME: \_\_\_\_\_ Start Date: \_\_\_\_\_

Address: \_\_\_\_\_ Suite # \_\_\_\_\_

Business Activity: \_\_\_\_\_

Retail Business - List Specific Merchandise on separate sheet of paper.

Warehouse uses must provide a building floor plan showing the layout of stored materials, aisles and exits.

Number of Employees (maximum shift): \_\_\_\_\_ Days/Hours of Operation: \_\_\_\_\_

Managing Officer: \_\_\_\_\_ Cell \_\_\_\_\_

Local Contact: \_\_\_\_\_ Cell \_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

Owner Local Contact \_\_\_\_\_ Email \_\_\_\_\_

City Occupancy Inspection will be scheduled close to requested START DATE.

My signature below affirms I am an agent for the above Business and Certifies all information is correct. Misrepresentation will result in issuance of a Municipal Court Summons.

Signature of Applicant \_\_\_\_\_

Cellular Phone \_\_\_\_\_

Print Name and Title \_\_\_\_\_

Email \_\_\_\_\_

BELOW OFFICE USE ONLY

CITY PLANNER - EARL BRADFIELD 314-513-5013

ZONING DISTRICT \_\_\_\_\_ SLUP APPROVED (N/A)

ZONING USE CATEGORY \_\_\_\_\_

INSPECTION HPWD HFD RFPD FVFPD DATE \_\_\_\_\_

ZONING APPROVAL STAMP

Empty box for Zoning Approval Stamp