



# City of Hazelwood

*City Planner*  
415 ELM GROVE LANE  
HAZELWOOD, MISSOURI 63042  
PHONE: 314-513-5013  
FAX: 314-839-0249  
WWW.HAZELWOODMO.ORG

## Commercial Occupancy Inspection/Permit Application

50,000 square feet or less - \$100

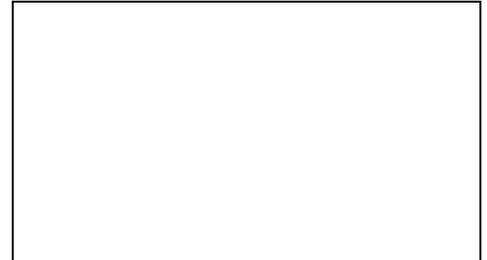
50,001 square feet or more - Sq. Ft. times \$.003

(Paid to Finance with Business License Fee)

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

**Total Square Footage of Interior Leased Area**

\_\_\_\_\_



The required lease must be attached to this application

**Business Name:** \_\_\_\_\_

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

**Business Activity:** \*

**List Specific Retail Merchandise:** \*\*

**Starting Date of Business:** \_\_\_\_\_ **# of Employees:** \_\_\_\_\_ **Hours:** \_\_\_\_\_

**Managing Officer:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

- \* Warehouse uses must provide a building floor plan showing the layout of stored materials, aisles and exits.
- \*\* A detailed merchandise list must accompany this application before processing. Please use additional sheet if necessary.

**My signature below affirms I am an agent for the business above and certifies all above information provided is complete and accurate. Approval of occupancy is based on City Planner receiving correct information on this application. Misrepresentation will lead to revocation of Commercial Occupancy Permit, Business License and issuance of a Municipal Court Summons**

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

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

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

\_\_\_\_\_  
Date

**BELOW OFFICE USE ONLY**

ZONING APPROVED By EARL BRADFIELD, City Planner 314-513-5013

ZONING DISTRICT \_\_\_\_\_

SLUP APPROVED (N/A)

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

INSPECTION BY HPWD HFD RFPD FVFPD

APPROVAL DATE \_\_\_\_\_