

COMMERCIAL RE-OCCUPANCY PERMIT CHECKLIST - (New Owner)
(Commercial Re-Occupancy for City of Fenton)

Complete These Forms

- Re-Occupancy Permit Application – City of Fenton
- Letter of Intent
- Business Owner of Record
- St. Louis County Police – city of Fenton Precinct
- Fenton Fire Protection District – Application for Occupancy Permit

Present These Documents (to the City of Fenton)

- Two (2) copies of site plan that:
 - Is drawn to Scale (example: 1”=30’-0”) and the scale indicated on site plan
 - Shows a north arrow
 - Shows the shape of the parcel and the parcel dimensions
 - Shows the street names abutting the parcel
 - Shows the shape of the main building and the building dimensions
 - Shows the dimensioned location of the main building on the parcel
 - Shows the parking spaces and indicates the handicapped parking spaces
 - If a multi-tenant building, indicates your proposed tenant space and dimensions
 - If a multi-tenant building, indicates how many square feet you occupy

- Forms completed above

Pay These Fees (due prior to processing)

- \$50.00

Next Steps

- Deliver copy of Fenton Fire Protection District form to District office at 845 Gregory Lane
- Wait for Call from Community Development Department informing that your paperwork is available for pickup
- Pick up paperwork at Community Development Department

Notes

Occupancy Permit certificate will be mailed to address of applicant once City of Fenton and Fenton Fire Protection District issue occupancy approvals

If amusement machines, devices, or juke boxes will be owned, leased or rented at this location; or if a liquor license is required; please contact City Hall at 636-343-2080 to obtain additional information.

If signage is to be installed (this includes wall, window, door, ground signs, etc.), a separate zoning approval is required from the City of Fenton, and St. Louis County may require building permits.

RE-OCCUPANCY PERMIT APPLICATION
City of Fenton

CITY OF FENTON
625 New Smizer Mill Road; Fenton, MO 63026-3597
636-349-8110

Fee: \$50.00

Date Paid: _____

Received By: _____

Payment: _____

Please type or print

Date of Application: _____

Building Address: _____ Ste. #: _____

Proposed Tenant (Company Name): _____ Phone No. _____

Proposed Tenant (Individual Name): _____

Address: _____ Phone No.: _____

Owner of Building: _____

Address: _____ Phone No.: _____

Subdivision: _____ Lot No.: _____

Required Parking Spaces According to Ordinance: _____

Intended Use of Premises: _____

I hereby certify that the above information is correct:

Signature of Owner

Signature of Authorized Agent

Office Use Only:

ZONING APPROVAL

This is to certify that the above is approved for zoning: Zoning Classification: _____

Community Development Director

Date

LETTER OF INTENT

For Certificate of Occupancy

CITY OF FENTON

625 New Smizer Mill Road; Fenton, MO 63026-3597

636-349-8110; Fax: 636-343-5657

This signed *Letter of Intent* must accompany completed Application for Occupancy/Re-Occupancy Permit.

Building Address: _____ Ste. # _____

Business/Tenant Name: _____

Proposed Phone No.: (____) _____ Proposed Fax No.: (____) _____

If goods will be sold at retail, provide your eight digit MO Tax ID No. _____, or a certificate of "No Tax Due"

Are you moving from another location in the City of Fenton? Yes _____ No _____

Previous Address: _____ Zip Code _____

Is property located within a flood plain? Yes _____ No _____ NAICS Code (if known) _____

OTHER INFORMATION NEEDED:

Breakdown of Square Feet:

Sq. Ft. of Tenant Space:

_____ Office

_____ Warehouse or retail

_____ Total

Are you planning to have outside storage? Yes _____ / No _____

Number of Handicap Spaces Provided: _____

Number of Employees: Full-Time: _____; Part-Time: _____

Hours of Operation: _____

Number of commercial vehicles owned by the company (if any): _____

TYPE OF BUSINESS OPERATION (please describe in depth the nature of your business). *EXAMPLE:* Administrative office/warehouse for what type of business? If the building is to be used for sales operation, will it be retail sales or wholesale? If you plan to use the building for storage – what type of materials do you intend to store (Gasoline, paint, equipment, etc.)? Manufacturers should mention what product will be manufactured and what type of equipment will be used:

(continue on back side if needed)

The undersigned herewith applies for an Occupancy Permit for the above described premises under the terms of the City of Fenton Zoning Code. The permit fee must be paid for at time of submittal. This letter of intent is not a permit. The premises shall not be occupied until all discrepancies (if any) are corrected and an occupancy permit is issued by the Fenton Fire Protection District and the City of Fenton.

Signed this _____ day of _____, 20____.

Applicant's Signature: _____

Applicant Name (please print): _____ Title: _____

Applicant's Address: _____ Zip: _____

Applicant Telephone No.: (____) _____ Email _____

BUSINESS OWNER OF RECORD

**CITY OF FENTON
625 NEW SMIZER MILL ROAD
FENTON, MO 63026
636-349-8110
636-343-5657 FAX**

Notices sent from this agency will be addressed to the business owner of record or their assigned designee at the address which the owner has provided to the Community Development Department. Service Notices, by the Community Development Department, will be deemed delivered at the last address of record, five (5) days after such mailing, first class and postage prepaid, when placed in a regular depository of the United States Postal Service.

PLEASE PRINT ALL INFORMATION

Name of Corporation: _____

Business Name: _____

Business Location Address: _____

Name of Owner/Designee of Business: _____

Owner/Designee Mailing Address: _____
(other than business location)

Owner/Designee Phone Number: _____
(other than business phone number)

It is the responsibility of the Business Owner or the Designee, who's signature appears below, to notify this Department any changes in the information that is stated above. Notice of change in principals, address or ownership will be sent by United States mail, postage prepaid, or hand delivered in writing on this form to the Community Development Department.

Name (Please Print)

Title

Signature

Date



Saint Louis **COUNTY** **POLICE**

Colonel Jon M. Belmar
Chief of Police
7900 Forsyth Boulevard
St. Louis, Missouri 63105
Voice/TTY (314) 889-2341

City of Fenton Precinct

Dear Fenton Business:

The St. Louis County Police Department, City of Fenton Precinct is committed to serving our community. As a member of our business community, we intend to be responsive to your needs. In the event of an emergency, it is important that we are able to contact the appropriate business representative. The completion and return of this letter will assist us in maintaining an up-to-date emergency contact listing for your business. Please take a few moments to complete and fax this letter to the Fenton Precinct at **636-343-4732**. As is the case with all communications, we will treat this as privileged information and will safeguard it accordingly. If you have any questions or would like an officer to come by, please call the Precinct at 636-349-8120.

Sincerely,

Captain John Wheeler
City of Fenton Precinct

PLEASE PRINT OR TYPE

Name of Business: _____

Owner/Manager of Business: _____

Fenton Address: _____

Phone Number: _____ Fax Number: _____

Is the building alarmed? Yes _____ NO _____

Alarm Company _____

Email _____

In case of Emergency, please notify one of the below listed contacts:

Name (1) _____ Home Phone: _____

Cell: _____ Pager: _____

Name (1) _____ Home Phone: _____

Cell: _____ Pager: _____

Name (1) _____ Home Phone: _____

Cell: _____ Pager: _____



"Committed to Our Citizens Through Neighborhood Policing"

FENTON FIRE PROTECTION DISTRICT

845 GREGORY LANE, FENTON, MO 63026 636-343-4188-phone 636-343-4451-fax



www.fentonfire.org

FEE: \$50
NON-REFUNDABLE
DUE PRIOR TO
INSPECTION

APPLICATION FOR OCCUPANCY PERMIT

APPLICANT / OCCUPANT				
BUSINESS ADDRESS:			SUITE	
BUSINESS NAME:				
BUSINESS OWNER:			CELL PHONE:	
BUSINESS OWNER EMAIL:			HOME PHONE:	
TYPE OF BUSINESS:			BUSINESS PHONE:	
SQUARE FOOTAGE:		HAZARDOUS MATERIAL ON SITE: <input type="checkbox"/> YES <input type="checkbox"/> NO		
FIRE DEPARTMENT KNOX BOX PRESENT: <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, LIST ITEMS BELOW:		
IF YES, DESCRIBE LOCATION:				
EMERGENCY CONTACT INFORMATION:				
NAME:	EMAIL:	HOME:	CELL:	
NAME:	EMAIL:	HOME:	CELL:	
NAME:	EMAIL:	HOME:	CELL:	
BUILDING/PROPERTY OWNER INFORMATION				
BUILDING OWNER NAME:				
ADDRESS:		CITY/STATE/ZIP:		
EMAIL:		HOME:	CELL:	
SIGNATURE				
THE UNDERSIGNED HEREWITH APPLIES FOR AN OCCUPANCY PERMIT OF ABOVE LISTED PREMISE AND AGREES TO COMPLY WITH THE ORDINANCES ADOPTED BY THE FENTON FIRE PROTECTION DISTRICT.				
SIGNATURE:			TITLE:	
PRINT NAME:			DATE:	
OFFICE USE ONLY				
FEE PAID:	DATE:	STILL ALARM AREA:	USE GROUP:	CONST TYPE:
SPRINKLERED: <input type="checkbox"/> YES <input type="checkbox"/> NO			BUSINESS CLASS:	
INSPECTION NOTES:				
				DATE: