



Pacific Fire Protection District

910 West Osage Street
Pacific, MO 63069

Phone: (636) 257-3633



APPLICATION FOR USE / OCCUPANCY PERMIT

Date ____/____/____

IN ACCORDANCE WITH ORDINANCES ADOPTED BY THE PACIFIC FIRE PROTECTION DISTRICT:

I, _____ Do hereby make application for a Use/Occupancy Permit.
Print Name

.....
BUSINESS NAME _____

BUSINESS ADDRESS _____
Street City Zip

MAILING ADDRESS FOR ALL CORRESPONDANCE (if different than business address):

Street City Zip

BUSINESS TELEPHONE 1. _____ 2. _____

TYPE OF BUSINESS _____

.....
EMERGENCY CONTACTS AND TELEPHONE NUMBERS (CONFIDENTIAL)

1ST _____ Phone _____

2ND _____ Phone _____

.....
BUILDING OWNER OR AGENT INFORMATION

Owner's Name _____ Phone _____

Owner's Address _____
Street City Zip

PERMIT FEE \$ 75.00 X _____

Signature of Applicant

.....

Permit Number _____ Issued By _____ Date ____/____/____

Use Group Class _____ Received By _____ Date ____/____/____

Check # _____ Money Order # _____

****NOTE**** The Pacific Fire Protection District cannot accept **cash** for payments of permits.