



# CITY OF HAZELWOOD

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

## COMMERCIAL OCCUPANCY PERMIT APPLICATION

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

**FILL FORM OUT COMPLETELY**

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