

**NORTHEAST AMBULANCE AND FIRE PROTECTION DISTRICT
FIRE MARSHAL'S OFFICE**

7100 NATURAL BRIDGE RD, ST. LOUIS MO, 63121
PHONE: 314-382-1501 FAX: 314-382-7202

OCCUPANCY PERMIT INSPECTION

DATE: _____ PERMIT NUMBER: _____ PERMIT FEE: _____

___ **NEW** ___ **RENEWAL**

IN ACCORDANCE WITH ORDINANCE 92, SECTION 110.1 OF THE
INTERNATIONAL BUILDING CODE (2009 EDITION), THE NORTHEAST
AMBULANCE AND FIRE PROTECTION DISTRICT FIRE MARSHAL'S
OFFICE INSPECTED:

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

THIS STRUCTURE

___ **PASSED** ___ **FAILED**

THE INTERNATIONAL BUILDING CODES FOR OCCUPANCY.

OWNER/MANAGER: _____ PHONE: _____

BUSINESS PHONE: _____ BUILDING SQFT: _____

BUSINESS TYPE: _____ USE GROUP: _____

HOOD SYSTEM: YES - NO SPRINKLER SYSTEM: YES - NO

STANDPIPE SYSTEM: YES - NO FIRE ALARM SYSTEM: YES - NO

APPROVED OCCUPANCY LOAD OF: _____ PERSONS

SPECIAL CIRCUMSTANCES: _____

***ALL OTHER PERMITS BY CITIES, VILLIAGES OR ST. LOUIS COUNTY
ARE THE SOLE RESPONSIBILITY OF THE APPLICANT. ***

COMMENTS OR REMARKS:

OWNER/MANAGER

FIRE PREVENTION OFFICER

(A DISTRICT MAXIMUM OCCUPANCY SIGN MUST BE POSTED INSIDE BUILDING)