



Commercial Re-Occupancy Permit Application

Jefferson County Code Enforcement

PO BOX 100 / 725 Maple Street

Hillsboro, MO 63050

Phone: 636-797-5310

Fax: 636-797-5077

Permit: _____

Int.

Date: _____

PROJECT INFORMATION & LOCATION:

Any Planned changes to property or structure: Addition Alteration Repairs

Project Address _____ City _____ Zip code: _____

Parcel # _____ - _____ - _____ - _____ Subd. _____ Lot _____

OWNER INFORMATION:

Owner _____
Name _____ Phone # _____

Owner Address _____
Street Address _____ City _____ State _____ Zip Code _____

DESCRIPTION OF STRUCTURE:

Previous Business Name _____ Previous Use of Building _____

New Business Name _____ New Use of Building _____

Building Width _____ Building Length _____ Footprint in Sq. Ft. _____ Stories _____

General Description of Operation: _____

Type of Construction IA IB IIA IIB IIIA IIIB IV VA VB

Proposed Building Group A-1 A-2 A-3 A-4 A-5 / B E / F-1 F-2

H-1 H-2 H-3 H-4 H-5= / I-1 I-2 I-3 I-4 / M /

R-1 R-2 R-4 / S-1 S-2 / U

IS THE PROPERTY LOCATED IN ANY AREA OF SPECIAL FLOOD HAZARD? YES _____ NO _____

NOTICE: The disposal of demolition waste is regulated by the Department of Natural Resources under Chapter 260, RSMo. Such waste, in types and quantities established by the department, shall be taken to a demolition landfill or a sanitary landfill for disposal.

I understand if the information I have given above is not true, my permit may be revoked by the Jefferson County Code Enforcement, and I agree to abide by, and comply with, the conditions of all Building regulations and the Sewage Ordinance.

THIS STRUCTURE SHALL NOT BE OCCUPIED AND/OR USED UNTIL A FINAL INSPECTION HAS BEEN APPROVED. FAILURE TO COMPLY WILL RESULT IN THE DISCONNECT OF ALL APPLICABLE UTILITIES, STOPPAGE OF WORK AND POSSIBLE LEGAL ACTION!

APPLICANT/CONTRACTOR INFORMATION & CERTIFICATION:

Contractor/Applicant _____
Name _____ Business Name _____ Certification # _____ Phone # _____

Contractor/Applicant Address _____
Street Address _____ City _____ State _____ Zip Code _____

Signature _____ Owner Contractor Applicant