

ROCK COMMUNITY FIRE PROTECTION DISTRICT
3749 Telegraph Rd.
Arnold, MO 63010

Phone: (636) 282-1500 Fax: (636) 282-7677 E-Mail: tberg@rockfire-rescue.org

Commercial Occupancy Permit Application

Type of Business: _____ Square footage: _____

Business Name: _____

StateTax I. D. _____

Business Address: include city, and zip _____

Business Phone: () _____ Fax: () _____

Business Owner: _____

Home Address: _____

City, State, Zip: _____

Home Phone: () _____ Fax: () _____

Building Owner _____

Address: _____

City, State, Zip: _____

Phone: () _____

Hazardous Material on site Yes or No

MSDS Sheets on site Yes or No

EMERGENCY PHONE NUMBERS

Name: _____ Phone: () _____

Name: _____ Phone: () _____

Failure to comply with any ordinance of Rock Community Fire Protection District can cause this occupancy permit to be revoked until the violations have been corrected and approved by the Fire Marshal.

Your commercial occupancy will not be approved without the Tax Id. Information.

Applicants signature: _____ Date: _____

Permit # _____ Fee \$ _____ App. Date/Rcvd by : _____