



**ROCK COMMUNITY FIRE PROTECTION DISTRICT**

3749 Telegraph Rd. Arnold, MO 63010  
Fire Marshal's Office (636) 296-2211 Ext. 700

Email: [tberg@rockfire-rescue.org](mailto:tberg@rockfire-rescue.org)

[www.rockfire-rescue.org](http://www.rockfire-rescue.org)

**Existing Residential Occupancy Application**

Address of Inspection: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Present Owner: \_\_\_\_\_  
Owner's Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Email address where inspection report is to be sent:** \_\_\_\_\_

Listing Agent: \_\_\_\_\_ Office Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Agent's Phone Number: Office: \_\_\_\_\_ Cell: \_\_\_\_\_  
Agent's Email Address: \_\_\_\_\_  
Purchaser/Tenant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Note:** If this is an "as is" purchase, or foreclosure, the buyers must sign an affidavit making them responsible for the repair of any violations. This allows them 30 days from the closing date to make corrections.

**Type of Residence**

Rental Property? Yes \_\_\_\_\_ No \_\_\_\_\_  
Single Family: \_\_\_\_\_ Mobile Home: \_\_\_\_\_ Apartment: \_\_\_\_\_ Condo: \_\_\_\_\_ Duplex: \_\_\_\_\_ Tri: \_\_\_\_\_

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

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Permit # \_\_\_\_\_ Application Fee rcv'd by: \_\_\_\_\_ Date: \_\_\_\_\_

**FEES: \*Sale of home \$70.00---Rental property change of occupancy \$40.00---In-home daycare \$35.00  
A mobile home sale or change of occupancy \$40.00**