St. Louis County Department of Public Works
Division of Code Enforcement

Re-Occupancy Application Instructions

A **Certificate of Use and Occupancy** (sometimes referred to as an Occupancy Permit) **is required prior to moving into a vacant tenant space or building and opening for business.** The re-occupancy application and inspection process may be used if your proposed use of the space or building is the same as the previous use and you plan on moving into the vacant tenant space or building in its existing condition without doing any renovations (other than painting, carpeting, and similar cosmetic work) to the space or building.

When filling out the application for re-occupancy, be sure to **complete all information** accurately. This will aid in avoiding unnecessary delays in processing your application.

Under section marked "Proposed Use" please be very specific in your description. **Example:** If the building or tenant space is to used for a sales operation, will it be retail sales or wholesale sales? What types of merchandise or products will you be selling? Or, if you plan on using the building or tenant space for storage, what type of materials or products do you intend to store? Furniture, paint, equipment, clothing, etc.

Information such as locator number, type of construction, etc., can be obtained from the building owner. If you can supply a sketch showing the parking in relationship to the building, it would expedite the processing of your application.

If the structure is in a **municipality, you must obtain zoning approval from the municipality before** applying for the re-occupancy permit. Zoning approval must accompany your application.

Your check in the amount of $126.00, made payable to the Treasurer – St. Louis County, must accompany your application. Re-occupancy application permit **fees are non-refundable.**

Should you have any questions regarding these instructions or the application, please contract our office at 314-615-7866.

For questions regarding the inspection contact commercial inspections at 314-615-7140 Monday thru Friday from 7:30 AM to 9:00 AM only. After you have applied for your permit, **you will need to contact the inspector directly to make an appointment for your inspection.**

Saint Louis COUNTY

41 S. CENTRAL AVENUE
CLAYTON, MISSOURI 63105

DATE _____

LOCATOR # _____

PERMIT # _____

TOTAL $ _____

FEES PAID $ _____

RECEIVED BY _____

APPLICATION FOR RE-OCCUPANCY PERMIT

BUILDING ADDRESS _____ ZIP _____

FIRE DISTRICT _____ MUNICIPALITY _____

PROPOSED TENANT (Company Name) _____

PROPOSED TENANT (Individual Name) _____

PROPOSED USE _____ SQ/FT. TENANT SPACE _____

SQ/FT. BUILDING _____

PRIOR USE _____

BUILDING OWNER _____ OWNER PHONE # _____

BUILDING OWNER ADDRESS _____

NUMBER OF PARKING SPACES _____ IF PARKING LOT, PAVED _____ UNPAVED _____

SIGNS – A PERMIT MUST BE OBTAINED FOR ALL CHANGES AND NEW SIGNAGE.

The undersigned herewith applies for an occupancy permit for the above described premises under the terms of the St. Louis County Building Code. The permit fee must accompany this application. If the building is in a municipality, written approval must be obtained from that municipality prior to submitting application. (NOTE: Have the municipal official fill out and approve in Zoning Inspection portion). This application is not a permit and premises shall not be occupied until an inspection is made and all discrepancies (if any) are corrected. Application fee is not refundable.

APPLICANT'S SIGNATURE _____ TELEPHONE _____

I certify that I am the owner in fee or agent authorized to apply for this permit; that I am authorized to and do consent to entry onto the premises by St. Louis County employees for inspections of the premises.

APPLICANT'S ADDRESS _____ ZIP _____

EMAIL ADDRESS **REQUIRED**: _____

FOR OFFICE USE ONLY

ZONING INSPECTION: _____

ZONED _____ APPROVED _____ NOT APPROVED _____ DATE _____

COMMENTS: _____

ZONING SIGNATURE: _____

INSPECTON:

NUMBER OF OCCUPANTS _____ TYPE OF CONSTRUCTION _____ FLOORS _____

COMMENTS: _____

_____

INSPECTOR ASSIGNED _____ INSPECTOR SIGNATURE _____

APPROVED: YES _____ NO _____ DATE _____ SUPERVISOR'S SIGNATURE _____