

**Re-Occupancy Application Instructions for  
City of Chesterfield**  
*(Required by St. Louis County Department of Public Works  
Division of Code Enforcement)*

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 prior to start of 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.

**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 be used for a sales operation, will it be wholesale or retail 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.

**SUBMIT** your completed original Re-Occupancy Permit application to:

**City of Chesterfield**  
**690 Chesterfield Parkway West**  
**Chesterfield, MO 63017**

**REVIEW** of the Re-Occupancy Permit application will be performed by the Chesterfield Planning Department. Once they have approved the application, they will send an email to you (the applicant) with notice that it's ready for pick-up at the front desk of Chesterfield City Hall.

**TAKE IT** to St. Louis County (41 S. Central Avenue, Clayton, MO 63105) along with their required check of \$126.00 made payable to Treasurer-St. Louis County (re-occupancy application permit **fees are non-refundable**). They will instruct you on what to do next in order to schedule your inspections.

IF YOU CHOOSE **TO MAIL** your application and check to St. Louis County... you will need to contact them about 4-5 business days after mailing to **SCHEDULE** your inspections. Call **St. Louis County Commercial Inspections** at 314-615-7140, Monday thru Friday between 7:30 AM to 9:00 AM to schedule your inspections.

Should you have any questions regarding these instructions or the application, please contact the Chesterfield Planner of the Day at 636-537-4733.



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 \_\_\_\_\_  
PRIOR USE \_\_\_\_\_ SQ/FT. BUILDING \_\_\_\_\_  
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 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 ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

APPLICANT EMAIL ADDRESS **REQUIRED** \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
ZONING INSPECTION _____	
ZONED _____ APPROVED _____ NOT APPROVED _____	DATE _____
COMMENTS _____	
ZONING SIGNATURE _____	
<b>INSPECTION:</b>	
NUMBER OF OCCUPANTS _____	TYPE OF CONSTRUCTION _____ FLOORS _____
COMMENTS _____	
INSPECTOR ASSIGNED _____ INSPECTOR SIGNATURE _____	
APPROVED: YES _____ NO _____	DATE _____ SUPERVISOR'S SIGNATURE _____