



Department of Community Development
 6801 Delmar Boulevard, University City, Missouri 63130
 Phone: (314) 505-8500, Fax: (314) 862-3168

COP

PROJECT NUMBER:

COMMERCIAL OCCUPANCY PERMIT APPLICATION

PROJECT NOTE

Application is hereby made for permission to engage in business, institutional or organizational use and to occupy the premises described herein in accordance with the information furnished below:

PROJECT ADDRESS

Project
Address:

XXXX Street, Suite XXX

OCCUPANCY USE

Provide a detailed description outlining the intended use of the space.

Is this property located in a private subdivision? Yes No
 If yes, please consult with private subdivision trustees to ensure the use or activity is consistent with private subdivision indentures.

Does any other business or organization operate from the same unit?
 Yes No

Is this a home for disabled persons? Yes No

GENERAL INFORMATION

Status: Individual Owner **If corp. / LLC, a list of the names and addresses of all officers must be provided with this application.*
 Partnership
 Corporation / LLC*
 Other (Explain)

Is this a home occupation? Yes No

Number of people to work at this address? _____

Number of off-street parking spaces at site dedicated to your proposed business? _____

Total number of off-street parking spaces at the site? _____

What was the previous use of the space? _____

APPLICANT INFORMATION

All fields must be completed unless noted. **PLEASE PRINT.**

First Name:

First Name

Last Name:

Last Name

Corporate or Fictitious name:

Name as Registered with the State of Missouri

Business Name:

Full Business Name

E-mail:

XXXXX@XXXX.XXX

Phone Number:

(XXX) XXX-XXXX

MAILING ADDRESS

Mailing Address:

XXXX Street, Suite XXX

City:

City

State:

State

Zip Code:

XXXXX

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

FLOOR AREA BY LOCATION

Floor Area – Basement (in square feet)

XXX SF

Floor Area – First Floor (in square feet)

XXX SF

Floor Area – ____ Floor (in square feet)

XXX SF

Floor Area – ____ Floor (in square feet)

XXX SF

Floor Area – ____ Floor (in square feet)

**Additional pages can be attached for additional floors*

XXX SF

Total Floor Area (in square feet)

XXX SF

FLOOR AREA BY USE

Floor Area – Office Use (in square feet)

XXX SF

Floor Area – Sales Use (in square feet)

XXX SF

Floor Area – Storage Use (in square feet)

XXX SF

Floor Area – Manufacturing or Repair Use
(in square feet)

XXX SF

Floor Area – Other Use (in square feet)

Describe:

XXX SF

Occupancy Considerations

A commercial occupancy permit will only be issued if **one** of these additional requirements is met:

- A building permit for a tenant finished is approved and a final inspection is obtained
- A building permit for a change of use is approved and a final inspection is obtained
- The ownership of an existing business has changed and application for an amendment is requested (this form)

FEES

- Less than 1,000 square feet (\$30.00)
- 1,000 to 2,500 square feet (\$60.00)
- Over 2,500 square feet (\$120.00)
- Amend a Commercial Occupancy (change of owner) (\$30.00)

NOTES:

- **A business license is required to operate a business.** The license application can be obtained on the first floor of City Hall in Finance.
- A license is required to serve or sell alcohol. The license application can be obtained on the first floor of City Hall in Finance.
- Any business selling or handling food may be required to be licensed by the St. Louis County Health Department.

APPLICANT ACKNOWLEDGEMENT AND SIGNATURE

By signing below, I state the information provided on this registration application is truthful to the best of my knowledge, and I have read and understand the terms of service documentation as it relates to this application. Further, I understand this is an application and not a permit. The business cannot be occupied until a permit is issued.

Name (Printed)

Signature

Date