

EUREKA FIRE PROTECTION DISTRICT

PO BOX 97 ♦ 4849 HIGHWAY 109
EUREKA, MO 63025-0097
TELEPHONE: (636) 938-5505 ♦ FAX: (636) 938-6970
IN CASE OF EMERGENCY DIAL 9-1-1

USE PERMIT APPLICATION

Application Date: _____

I _____ do hereby make application for a **USE PERMIT** to
(Please Print Name of Applicant)
occupy a commercial occupancy in the Eureka Fire Protection District.

BUSINESS INFORMATION

BUSINESS NAME: _____

BUSINESS STREET ADDRESS: _____

BUSINESS MAILING ADDRESS: _____

BUSINESS TELEPHONE #: _____

BUS. E-MAIL: _____

BUSINESS TYPE: _____

HAZARDOUS MATERIALS: **YES** **NO**

(IF YES PLEASE LIST MATERIALS ON BACK OF SHEET)

APPLICANT SIGNATURE: _____

DATE: _____

24 HOUR EMERGENCY CONTACT / KEY HOLDER INFORMATION

CONTACT NAME	TITLE	PHONE #	PHONE TYPE

(This information will be kept **CONFIDENTIAL** and will only be used for emergency incident contact.)

BUILDING OWNER INFORMATION

BUILDING OWNER NAME: _____

BUILDING OWNER ADDRESS: _____

BLDG OWNER TELEPHONE #: _____

BUS E-MAIL: _____

FOR OFFICIAL USE ONLY

PERMIT # _____

ISSUED BY: _____

DATE: _____

FEE: **\$50.00 / \$100.00**

REV'D BY: _____

DATE: _____

CHECK #: _____

CASH: _____

CREDIT CARD: _____

COMMENTS AND/OR SPECIAL CONDITIONS: _____

NSF and Returned checks will be subject to a \$25.00 Charge.