



**CITY OF
OVERLAND**
9119 LACKLAND RD | OVERLAND, MO 63114

APPLICATION FOR COMMERCIAL OCCUPANCY PERMIT

DATE OF APPLICATION: _____

PERMIT #: _____

ADDRESS OF BUSINESS: _____

NOTICE OF APPLICATION:

Application is hereby made to the Building Commissioner of the City of Overland for an Occupancy Permit to occupy the building located at the above noted address within the Overland City limits.

BUSINESS/OWNER INFORMATION:

Name of Business: _____

Firm Name: _____

As registered with the Office of the Missouri Secretary of State

Owner of Business: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Email Address: _____

Type of Business: _____

Are you buying or renting? _____ Number of Employees: _____

PROPERTY OWNER INFORMATION:

Name: _____

BUSINESS REPRESENTATIVE (IF COMPANY OWNED)

Mailing Address: _____

No P.O. Boxes

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Email Address: _____

Property Owner DL#: _____ STATE _____

Or provide a photocopy of Property Owner's Driver License.

Application for Commercial Occupancy Permit (Revised: December 2024)

Department of Community Development – cdpermits@overlandmo.org

Telephone Number (314) 227-2930 • Fax Number (314) 428-4960

NOTE:

- **Please attach a letter on company letterhead describing – in detail, the proposed use of the property. An inspection will not be scheduled without this letter.**
- All **Food Services Businesses** must submit permit application and plans to the St. Louis County Department of Health PRIOR to requesting a City of Overland Occupancy. Contact the St. Louis County Health Department at (314) 615-7469 for instruction and applications.
- The Property Owner hereby agrees he or she shall keep, maintain, and adhere to all Municipal City Building Codes and Municipal City Ordinances. The undersigned property owner hereby agrees to be the designated representative regarding all code compliance issues and agrees to accept service of summons on behalf of applicant and listed property.
- An application must be filed with the **Community Fire Protection District**, 9411 Marlowe Avenue, Overland MO 63114. Contact the Community Fire Protection District at (314) 428-1128 for more information. Please coordinate the Fire Marshall's inspection and the City's inspection for the same time.
- Contact the Department of Community Development at (314) 227-2930 to schedule an inspection.

NOTICE TO APPLICANT

By signing this application, I acknowledge that I have read and fully agree to the terms and conditions set forth herein.

APPLICANT:

Signature: _____

Print Name: _____

Date: _____

BUSINESS OWNER:

Signature: _____

Print Name: _____

Date: _____

PROPERTY OWNER:

Signature: _____

Print Name: _____

Date: _____

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ADDITIONAL REQUIREMENTS:

- Signature(s) of the **PROPERTY OWNER MUST BE NOTARIZED.**
- Photo identification **REQUIRED** for both applicant and owner.

Subscribed and sworn before me personally appeared _____

this _____ day of _____ 20_____.

Notary Signature

My commission expires: _____

FOR DEPARTMENT OF COMMUNITY DEVELOPMENT USE ONLY

ADDRESS OF BUSINESS:	
Inspection Date: _____	Inspection Time: _____
Use Type: _____	Zoning District: _____
<input type="checkbox"/> Permitted Use <input type="checkbox"/> Conditional Use <i>Check the one the applies to the proposed use</i>	
Date Reviewed/Approved: _____	Permit #: _____

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