



8425 Airport Road, Berkeley, Missouri 63134
(314) 400-3707 | pwsecretary@berkeleymo.us

COMMERCIAL OCCUPANCY PERMIT APPLICATION

PERMIT & INSPECTION FEE: \$175.00

APPLICANT INFORMATION:

Name: _____

Address: _____ City / State / Zip: _____

Phone: _____ Email: _____

BUSINESS INFORMATION:

Date of Proposed Occupancy (Required): _____

Name of Proposed Business: _____

Nature of Proposed Business: _____

STREET ADDRESS: _____ **SUITE/UNIT:** _____ **FLOOR/LEVEL:** _____

Description of Space: _____

Total Square Footage: _____ # of Bathrooms: _____

Has Owner Approval for this Occupancy been obtained: ☐ Yes ☐ No

Building/Property Owner Name: _____ Phone: _____

THIS WILL INCLUDE AN INSPECTION WITH THE FIRE DEPARTMENT.

SPRINKLER SYSTEM ☐ Yes ☐ No **FIRE ALARM SYSTEM** ☐ Yes ☐ No

Describe additional space that this occupancy includes (basement, storage areas, etc.):

I HEREBY CERTIFY THE ABOVE INFORMATION IS CORRECT:

Applicant Signature: _____ **Date:** _____

Section 400.440 of the Municipal Code, Certificate of Occupancy, by the City of Berkeley requires the issuance of an occupancy permit prior to the occupancy of any non-residential building and provides penalties for non-compliance. Every building in which a change of occupancy is to occur must be reported by the owner to the Department of Public Works and requires that an enforcement official inspect the building, structure or portion thereof, and shall not be used or occupied in whole or in part until all protection devices and equipment protecting the building, structure or portion to be occupied, have been approved by the code official according to the provisions of this Section.

For any alterations, tenant finish work, installing or removing walls or partitions, additions or changes in plumbing, electrical, or mechanical facilities, additional permits and plans may be required.

Any occupancy involving the preparation or dispensing of food must be approved by the St. Louis County Health Department. Plans must be submitted to the St. Louis County Health Department in conjunction with this application.

WARD: _____

CITY OF BERKELEY OFFICE USE ONLY

PAYMENT: DATE: _____ **TYPE:** _____ **NAME:** _____

1ST INSPECTION: DATE: _____ **TIME:** _____

Inspector: _____ ☐ Passed ☐ Failed ☐ No One On Site

RE-INSPECTION: DATE: _____ **TIME:** _____

Inspector: _____ ☐ Passed ☐ Failed ☐ No One On Site

Was a copy of this request forwarded to the Fire Department? ☐ Yes ☐ No **By:** _____ **DATE:** _____



CAMERA REGISTRATION PROGRAM REGISTRATION FORM

Ordinance No. 4629



Please print legibly – please answer all questions

Check One: ☐ New Registration ☐ Remove Registration ☐ Update Existing Registration

Occupancy Permit No: _____ Residential/Apartment _____ Commercial _____

Primary Contact Information (Phone number, Email Address – required):

Full Name: _____

Address (if a business please add the name of your business): _____

Phone Number: (_____) _____ - _____ Email: _____

Secondary Contact Information (Phone number, Email Address – required):

Name of Secondary Contact: _____

Address (if a business please add the name of your business): _____

Phone Number: (_____) _____ - _____ Email: _____

Video System Components: _____ Exterior Cameras _____ Interior Cameras

How long will your system store video footage before it's deleted? *30 days recommended*: check one below

☐ 15 days ☐ 30 days ☐ 60 days

Number of Cameras: _____

What areas does your camera system cover? Check all that apply:

☐ Front Yard ☐ Rear Yard ☐ Open Yards ☐ Overlooks City Streets and Passing Vehicles
☐ Garage ☐ Left Side ☐ Right Side ☐ Front Porch ☐ Rear Porch

Type of Recording System:

☐ HD (High Definition) ☐ SD (Standard Definition) ☐ Infrared ☐ Low Light ☐ Motion Activated
☐ Other _____

Method of Recording: ☐ VCR ☐ Digital ☐ Cloud

I have read, understand and agree to the policy and terms of use as listed on the Berkeley Police Department's website.

Signature: _____ **Date:** _____ / _____ / _____

DO NOT WRITE BELOW THIS LINE

Staff Received: _____ Date: _____ / _____ / _____

Scan and email to Crime Free Housing Coordinator: Staff Signature: _____

Copy to: Police Major: Staff Signature: _____ Date: _____ / _____ / _____

Add to Police Spreadsheet: Staff Signature: _____ Date: _____ / _____ / _____

Add to Permitting File: Staff Signature: _____ Date: _____ / _____ / _____

COMMERCIAL VIOLATIONS:

BUSINESS TYPE:		EMAIL:	
UTILITIES: WATER ____ON ____OFF	ELECTRIC: ____ON ____OFF	GAS: ____ON ____OFF	
WEATHER:	ARRIVE TIME:	DEPARTURE TIME:	
1. <input type="checkbox"/> CHECK FOR CAMERAS			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

11.**12.****13.****14.****15.****16.****17.****18.****19.****20.****21.****22.****23.****24.**

25.**26.****27.****28.****29.****30.****31.****32.****33.****34.****35.****36.****37.**