



PLANNING & DEVELOPMENT SERVICES DEPARTMENT
10 North Bemiston Avenue, Clayton, Missouri 63105
(314) 290-8452 • FAX (314) 863-0296

APPLICATION FOR RESIDENTIAL OCCUPANCY PERMIT

Permit# RO _____

Permits will be mailed to the person requesting permit unless otherwise stated. **A \$60.00 application/inspection fee, payable to the City of Clayton, must accompany this application. A \$120.00 fee is due if the dwelling unit is occupied prior to inspection approval.**

A permit is hereby requested by those named below to occupy the premises known as:

NO _____ Street _____ Unit _____

in the City of Clayton, Missouri. Anyone occupying the premises are named herein. Any person not named herein who moves into these premises after the permit is issued is violating the law unless such additional occupancy is authorized by the Planning and Development Services Department, and the permit amended.

Applicants Name _____ Phone (____) _____

OWNER MANAGER AGENT SELLER TENANT

Dwelling Type: Single Family Condominium Duplex Apartment

Is this dwelling unit rental or owner occupied: Rental Owner Occupied

Owner occupied units are not required to have an Occupancy Permit

PLEASE PRINT CLEARLY (First and Last Names)

Name of Head of Household who will occupy unit: _____

Name of Spouse who will occupy unit: _____

Children who will occupy unit: (First and Last Names)

Name: _____ Name: _____

Name: _____ Name: _____

Names of unrelated persons who will occupy unit: (First and Last Names)

Name _____ Name _____

Name _____ Name _____

Owners Name _____ Phone (____) _____

Owners Address _____
(Street) (City) (State) (Zip)

Drivers License Number _____ Issuing State _____

E-Mail Address _____

Manager or Agent _____ Phone (____) _____

Manager or Agent Address _____
(Street) (City) (State) (Zip)

Manager or Agent Drivers License Number _____ Issuing State _____

E-Mail Address _____

Total number of rooms in unit proposed for occupancy _____

Number of Bedrooms _____ Number of Bathrooms _____

Date of occupancy _____ (For 5 year renewal, please indicate actual date of occupancy)

Date inspection desired _____ (PLEASE CONTACT INSPECTOR DIRECTLY)

NOTE: It is the responsibility of the owner or managing agent to contact the building inspector to arrange an appointment for the necessary inspections.

I certify that I am the owner/manager/tenant of the unit described in this application and that the answers contained herein are true and accurate in all aspects to the best of my knowledge.

Signature _____ Date _____

Please Print Name _____