



PLANNING & DEVELOPMENT SERVICES DEPARTMENT
10 North Bemiston Avenue, Clayton, Missouri 63105
(314) 290-8463 • FAX (314) 863-0296 • jegel@claytonmo.gov

APPLICATION FOR PRIOR TO SALE INSPECTION

It shall be unlawful for the owner of any multifamily unit or rental structure containing three or more units to sell, transfer, mortgage, lease or otherwise dispose of to another unless the owner or designated representative has notified the City of Clayton at least thirty (30) days in advance, received an inspection report and compliance order or notice of violation and have complied with the same or until such owner shall first furnish the grantee, transferee, mortgagee or lessee a true copy of any compliance order or notice of violation issued by the Code Official and shall furnish to the Code Official a signed and notarized statement from the grantee, transferee, mortgagee or lessee, acknowledging the receipt of such compliance order or notice of violation and fully accepting the responsibility without condition including the responsibility to submit a work schedule and receive approval from the City of Clayton for making the corrections or repairs required by such compliance order or notice of violation.

A **\$100.00** application/inspection fee for the Building Exterior and Common Areas plus **\$25.00** for each unit, payable to the City of Clayton, must accompany this application.

A PRIOR TO SALE INSPECTION IS HEREBY REQUESTED FOR THE PROPERTY ADDRESSED:

Street # _____ Street Name _____

A SEPARATE APPLICATION IS REQUIRED FOR EACH BUILDING ADDRESS

Anticipated closing date: _____

PLEASE LIST ALL UNIT NUMBERS. CHECK IF UNIT IS CURRENTLY OCCUPIED

_____ <input type="checkbox"/>						
_____ <input type="checkbox"/>						
_____ <input type="checkbox"/>						

SELLER/PURCHASER CONTACT INFORMATION

Inspection report will be addressed to seller and copied to the purchaser only

Seller: _____
 Street: _____
 City: _____ State: _____
 Zip: _____ Phone: _____
 E-Mail Address _____

Seller's Agent: _____
 Street: _____
 City: _____ State: _____
 Zip: _____ Phone: _____
 E-Mail Address _____

Purchaser: _____
 Street: _____
 City: _____ State: _____
 Zip: _____ Phone: _____
 E-Mail Address _____

Purchaser's Agent: _____
 Street: _____
 City: _____ State: _____
 Zip: _____ Phone: _____
 E-Mail Address _____

NOTE: It is the responsibility of the seller or seller's agent to schedule the necessary inspections.

314-290-8458 or inspectionsbd@claytonmo.gov

Applicant Name _____ Phone (____) _____

Address _____

Email address _____

I certify that I am authorized to make 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 _____