APPLICATION FOR RESIDENTIAL OCCUPANCY PERMIT

A RESIDENTIAL OCCUPANCY PERMIT IS REQUIRED FOR ALL RESIDENTIAL RENTAL (non-owner occupied) UNITS/PROPERTIES

Multi-Family- Apartment, Condominium and Duplex Units: Application Fee - $60.00
First inspection and re-inspection (if needed) included. Subsequent re-inspections - $45 each instance
If the dwelling unit is occupied prior to inspection approval the application fee is $120*

Single Family Residence: Application Fee - $80.00
First inspection and re-inspection (if needed) included. Subsequent re-inspections - $45 each instance
If the dwelling unit is occupied prior to inspection approval the application fee is $160*

Code Questions/Clarifications – codequestionsbd@claytonmo.gov
Applications with payment authorization may be submitted to applicationsbd@claytonmo.gov
(Payment authorization forms are available on the City of Clayton Website www.claytonmo.gov)

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

Street #________________ Street Name_________________________________________ Unit _______________
Dwelling Type: □ Single Family □ Condominium □ Duplex □ Apartment □ Townhouse

TENANT INFORMATION: (First and Last Names)
Name of Head of Household who will occupy unit: _____________________________________________
Name of related adult household member who will occupy unit _______________________________

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

Names of persons unrelated to Head of Household who will occupy unit: (First and Last Names)
Name: ___________________________________________ Name: _______________________________
Name: ___________________________________________ Name: _______________________________

☐ TENANT INFORMATION NOT AVAILABLE

Please note that approved inspections are valid for 90 days. Tenant information must be submitted to applicationsbd@claytonmo.gov for permit issuance.

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.

Date of proposed occupancy (REQUIRED) _______________________________ (For 5 year renewal, please indicate date of initial occupancy)
Total number of rooms in unit _____ Number of Bedrooms _____ Number of Bathrooms _____
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Continued

Property Owner Name ___________________________________________________________ Phone (___)_________
Address _____________________________________________________________________
E-Mail Address ______________________________________________________________________________________________
Manager/Agent __________________________________________ Phone (___)_________
Address _____________________________________________________________________
E-Mail Address ______________________________________________________________________________________________

INSPECTIONS:
Call 314-290-8458 or email inspectionsbd@claytonmo.gov to schedule the necessary inspection.
If you wish to include your inspection request here, please allow 2 business days for application processing
Date inspection desired ________________
☐ AM (8 AM –Noon) ☐ PM (Noon – 4:30 PM)

You will receive a call from the assigned inspector the morning of your requested inspection to arrange a one-hour window
Special instructions or contacts (i.e. Lock box code, party not named as manager/agent): __________________________________________
___________________________________________________________________________________________________________

*Property owners that permit occupancy of properties prior to inspection approval may be subject to legal action which could result in substantial fines.

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 ____________________________________________________________