



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

## APPLICATION FOR RESIDENTIAL OCCUPANCY PERMIT

September 2018

Permit# RO \_\_\_\_\_

**A RESIDENTIAL OCCUPANCY PERMIT IS REQUIRED FOR ALL RESIDENTIAL RENTAL 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\**

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

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

**PLEASE PRINT CLEARLY** (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 \_\_\_\_\_

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.

Date of occupancy (REQUIRED) \_\_\_\_\_ (For 5 year renewal, please indicate date of initial occupancy)

Total number of rooms in unit \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_

Owners Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Owners Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Manager/Agent \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Manager/Agent Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**NOTE: Call 314-290-8458 or email [inspectionsbd@claytonmo.gov](mailto:inspectionsbd@claytonmo.gov) to schedule the necessary inspection.** Date inspection desired \_\_\_\_\_

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 \_\_\_\_\_