



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

## APPLICATION FOR RESIDENTIAL OCCUPANCY PERMIT

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

**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](mailto:codequestionsbd@claytonmo.gov)

Applications with payment authorization may be submitted to [applicationsbd@claytonmo.gov](mailto:applicationsbd@claytonmo.gov)

(Payment authorization forms are available on the City of Clayton Website [www.claytonmo.gov](http://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](mailto: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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**APPLICATION FOR RESIDENTIAL OCCUPANCY PERMIT**  
**Continued**

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Property Owner Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

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**INSPECTIONS:**

**Call 314-290-8458 or email [inspectionsbd@claytonmo.gov](mailto: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): \_\_\_\_\_

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**\*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 \_\_\_\_\_