



**CITY OF CALVERTON PARK
BUILDING COMMISSIONER**

52 YOUNG DR.
CALVERTON PARK, MO 63135
(314) 524-1212 Fax (314) 524-2012

VACANT
 OCCUPIED

*****THIS FORM MUST BE FILLED
OUT IN ITS ENTIRETY OR THE
FORM WILL NOT BE ACCEPTED**

APPLICATION FOR OCCUPANCY INSPECTION

Section 405.080 Inspection Fee \$80.00 if unoccupied Ord 852 Additional \$30 fee if occupied

PROPERTY ADDRESS	
Street Number and Name	Zip Code

OWNER INFORMATION			
First and Last Name - Please Print	Date of Birth	Drivers License Number	DL State
Mailing Address - Street Name	City/ State	Zip Code	
Email Address	Primary Phone Number	Secondary Phone Number	

AUTHORIZED REPRESENTATIVE			
Agent Name - Please Print	Drivers License Number	Date of Birth	
Mailing Address - Street Name	City/ State	Zip Code	
Email Address	Primary Phone Number	Secondary Phone Number	

It shall be unlawful for any person to hereafter occupy or for the owner, lessor or agent thereof to permit the occupancy of any property without a valid certificate of occupancy issued by the City.

THIS INSPECTION IS VALID FOR 180 DAYS AFTER THE INITIAL INSPECTION DATE.
ALL UTILITIES MUST BE PROPERLY ACTIVATED AT THE TIME OF INSPECTION. ALL CODE VIOLATIONS FOUND DURING AN INSPECTION MUST BE CORRECTED. EVEN IF A CHANGE IN OCCUPANCY DOES NOT TAKE PLACE.

Owner or Authorized Representative with authority to execute this Document on behalf of the Owner.

X _____
Signature Date

TTTTTTTTT FOR OFFICE USE ONLY TTTTTTTTT			
INITIAL INSPECTION			
RE-INSPECTION			
3 RD RE-INSPECTION			
PERMITS REQUIRED	ELECTRICAL <input type="checkbox"/>	MECHANICAL <input type="checkbox"/>	PLUMBING <input type="checkbox"/>
TOTAL # OF BEDROOMS		TOTAL # OF OCCUPANTS ALLOWED	BUILDING <input type="checkbox"/>
			FIRE PROTECTION <input type="checkbox"/>
			SEWER <input type="checkbox"/>
			OTHER: <input type="checkbox"/>
CLERICAL		Sq. Ft.	
INITIAL INSPECTION	FEE\$	RECEIPT#	DATE:
2 ND RE-INSPECTION	FEE\$ FEE\$	RECEIPT#	DATE:
3 RD RE-INSPECTION		RECEIPT#	DATE:

