

ST. LOUIS COUNTY, MISSOURI  
DEPARTMENT OF PUBLIC WORKS  
RESIDENTIAL RE-OCCUPANCY INSPECTIONS  
715 NORTHWEST PLAZA 63074 – NORTH  
4556 LEMAY FERRY RD 63129 – SOUTH  
PHONE # 314-615-4100

**APPLICATION FOR  
MULTI-FAMILY RE-OCCUPANCY  
PERMIT IN UNINCORPORATED  
ST LOUIS COUNTY**

Under normal circumstances, all dwelling units are inspected when vacant. Please inquire if you have special circumstances.

**For Office Use Only**  
DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
LOCATOR # \_\_\_\_\_  
PERMIT # \_\_\_\_\_  
FEE PAID \$ \_\_\_\_\_  
REC'D BY \_\_\_\_\_

Escrow Acct: \_\_\_\_\_  
Fax #: \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

APPLICANT ADDRESS \_\_\_\_\_  
STREET ADDRESS CITY, STATE ZIP

EMAIL ADDRESS \_\_\_\_\_

Inspections are performed between the hours of 8:30 am and 2:00 pm Monday thru Friday. Please allow a two (2) hour time period for the inspection to be made. YOU WILL BE CONTACTED WITHIN 48 HOURS TO SCHEDULE AN INSPECTION DATE AND TIME IF REQUESTED DATE NOT PROVIDED BELOW. THESE CALLS ARE MADE BETWEEN 7:00 AM AND 8:30 AM.

REQUESTED INSPECTION DATE: \_\_\_\_\_

CONTACT PERSON FOR SCHEDULING INSPECTIONS: \_\_\_\_\_  
NAME PHONE #

MAIL CERTIFICATE TO: \_\_\_\_\_  
NAME / APARTMENT COMPLEX NAME  
STREET ADDRESS, CITY, STATE ZIP

The undersigned herewith applies for a re-occupancy inspection for the above described premises under the terms of the St. Louis County Property Maintenance Code. The inspection fee must accompany this application.

**This application is not a permit** and the premises shall not be occupied until an occupancy permit is issued.

The inspection fee is non refundable. Failure to correct deficiencies noted on inspection report within 90 days shall cause the application to lapse and a new application and fee must be filed.

Names must be provided within 120 days of the approved inspection date. Failure to provide names within 120 days shall cause the application to lapse and a new application and fee must be filed.

APPLICANT'S SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

THE NAMES OF **ALL** OCCUPANTS MUST BE PROVIDED PRIOR TO THE ISSUANCE OF AN OCCUPANCY PERMIT:

NAMES OF TENANTS OR BUYERS:

_____	_____
_____	_____
_____	_____
_____	_____

The re-occupancy is required, by St. Louis County Ordinance to be available for inspection at the residence and therefore, will be released to the new occupant when all deficiencies have been corrected.