



# City of Hazelwood

## Residential Occupancy Inspection Application

**Code Enforcement**  
 415 ELM GROVE LANE  
 HAZELWOOD, MISSOURI 63042  
 PHONE: 314-513-5032  
 FAX: 314-839-0249  
 WWW.HAZELWOODMO.ORG

**1<sup>ST</sup> & 2<sup>ND</sup> Inspection - \$50.00      3<sup>rd</sup> and additional Inspections - \$50.00 each**

**NOTICE – Copy of Driver’s License or State Picture Identification or Valid Passport Required**

**PREPARATION ITEMS REQUIRED FOR SCHEDULING INSPECTION**

1. All electrical outlets and service panel must be readily accessible or the inspection will **FAIL**.
2. All **UTILITIES** (Gas – Electric – Water) must be on at the time of inspection

Today’s Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Address to be Inspected \_\_\_\_\_

Unit # \_\_\_\_\_ # of Bedrooms \_\_\_\_\_ Property Presently  Occupied  Vacant

Property Owner or Agent (Print Name) \_\_\_\_\_ Cellular Number \_\_\_\_\_

Property Owner’s Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**How do you wish to receive Occupancy Inspection Results**

- Email  Fax  Mail  Pick up at City Hall Public Works the day after the inspection

Owner or Agent Email \_\_\_\_\_ or Fax # \_\_\_\_\_

Single Family Residence / Apartment / Condominium will be Occupied by:  Owner  Renter

**OCCUPANCY PERMIT ~ Not a Warranty**

In issuing this occupancy permit, the City does not intend to, nor does it warrant, insure, or guarantee to the holder thereof, to his or her assignee or to any other interested person, that there are no violations of any provision of this or any other City Ordinance. The City makes no warranty or representation, whatsoever, as to the condition of any building.

**\*All Inspections and/or Approvals Expire in Ninety (90) Days\***

**My signature below certifies the above information is accurate and I understand the City will issue a Municipal Court Summons if I allow someone to move into the property without Final City Inspection approval and issuance of a City Occupancy Permit.**

Rental Local Contact Name \_\_\_\_\_ Cell # \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date      \_\_\_\_\_ Signature of Applicant      \_\_\_\_\_ Printed Name

**DO NOT WRITE BELOW**

Inspection	Paid	Scheduled Inspection Date	Date Scheduled	Passed Failed	Inspector
		Scheduled Inspection Time	Scheduled by		
First					
Second					
Third					
Fourth					