



City of Hazelwood

Residential Occupancy Inspection Application

****IMPORTANT NOTE****

Questions regarding the inspection, contact the Inspector.
 Unresolved concerns, please contact
 Code Administrator Patrick McSheehy (314) 513-5060

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| 1ST & 2ND Inspection - \$50.00 | 3rd and additional Inspections - \$50.00 each |
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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. Also acknowledges that the Property Owner of one and two family Rental Units is required to pay Republic Services for each rental property per City of Hazelwood Trash Ordinance #4492-16. Contact Republic Services at (636) 947-5959

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 | | | | | |
| | | | | | |