



City of Hazelwood

Residential Occupancy Inspection Application

****IMPORTANT NOTE****

**Questions regarding the inspection, contact the Inspector.
Unresolved concerns, please contact
Code Enforcement at (314) 513-5032**

1ST & 2ND Inspection - \$75.00	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** must be on at the time of inspection or the inspection will **FAIL**.
3. Two (2) Owner/Agent canceled inspections will result in a **FAIL**.

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 _____
 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					