



OCCUPANCY PERMIT APPLICATION

City of Webster Groves

4 E. Lockwood Ave • Webster Groves, MO 63119
314-963-5332 • bulejskid@webstergrovesmo.gov

I hereby request permission for those named below to occupy as a single-family dwelling unit, the premises known as: (Please print all information)

ADDRESS: _____ APT / UNIT#: _____

THIS IS A: [] Rental [] Purchase [] Other Tenure

THE RESIDENCE IS KNOWN AS: [] Apartment [] Condo [] Duplex [] Single Family Home

DATE OF PROPOSED OCCUPANCY: _____ TOTAL NUMBER OF OCCUPANTS: _____

PRINT APPLICANT'S NAME (proposed occupant):

NAME: _____ DATE OF BIRTH: _____

PRINT SPOUSE'S NAME (if occupying premises):

NAME: _____ DATE OF BIRTH: _____

PRINT OTHER PERSON'S NAMES (including children, who will occupy the dwelling unit):

Table with 3 columns: First and Last Name, Date of Birth, Relationship. Multiple rows for listing names.

PHONE #: _____ E-MAIL ADDRESS: _____

WILL ANY PART OF PREMISES BE USED FOR BUSINESS PURPOSES?

[] No [] Yes -> Type Business (Home Occupation permit is required): _____

[] I understand that it is unlawful to occupy these premises without first receiving a permit and that it is unlawful to allow any person to occupy these premises who is not named above. I certify that the answers herein are true and accurate in all respects to the best of my knowledge and belief.

[] I understand that the City's inspection of residential property is a property maintenance inspection. It does not replace the purchaser's or occupant's own obligation to be satisfied with the premises being purchased or occupied and to undertake any private inspections the purchaser or occupant may desire. The City is not liable for any deficiencies or defects on the premises.

[] By submitting this form, I acknowledge that I am the applicant listed above and the intended occupant of this residence. I understand that my application may be denied if the residence has not yet passed its occupancy inspection and a certificate of compliance has not been issued, the total number of occupants exceed the maximum occupancy level of the residence, or there are more than 3 unrelated occupants at a single residence.

SIGNATURE OF APPLICANT: _____ DATE: _____

****FOR CITY USE ONLY****

- [] Issued Without Special Conditions
[] Temporary Conditionally Issued Expiration Date: _____

MAXIMUM OCCUPANCY FOR THIS ADDRESS/UNIT _____

FEE RECEIVED BY:

Occupancy Permit \$30.00

Type of Payment: _____

Payment Received By: _____