



# CITY OF O'FALLON

**RENTAL OCCUPANCY INSPECTION APPLICATION**  
Building Safety Department, 100 North Main Street, O'Fallon, MO 63366  
Inspection Line 636-379-5595 / Questions 636-379-5599 / Fax 636-379-5695

PLEASE PRINT

Date: \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Proposed Property Use:** \_\_\_\_\_ **Subdivision:** \_\_\_\_\_ **Inspection Date Requested:** \_\_\_\_\_

**Single-Family –\$75**

**Multi-Family –\$50 one unit / \$45 two units / \$40 three or more units**

(Includes: Single-Family Attached, Townhomes, Villas, Condominiums, Apartments, etc.)

(These fees include the initial inspection and first re-inspection. Additional inspections will be \$25.00 each.)

### *Person Requesting Inspection*

**Relationship:**  Property Owner  Agent  Other \_\_\_\_\_

**Name:** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_

**Cell Phone #** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Work Phone #** \_\_\_\_\_

**Fax Number** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

### *Property Owner Information (IF DIFFERENT THAN ABOVE)*

**Name:** \_\_\_\_\_ **Hone Phone #** \_\_\_\_\_

**Cell Phone #** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Work Phone #** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

*The inspection is a minimum property maintenance inspection made for the purpose of determining the premises is in compliance with the City's property maintenance code for rental occupancy. The scope of the inspection is limited to observations readily visible without moving or removing any item causing visual obstruction. Neither this inspection nor the inspection report constitutes a guarantee or warranty expressed or implied regarding the present or future condition or use of these premises. **The inspection does not replace the occupant's own obligation to be satisfied with the premises and to undertake private inspections.** The City shall not be held liable for any deficiencies or defects on the premises*

*In accordance with Missouri Law, the inspection report will become public record and will be provided to the public upon request for a fee of one dollar (\$1.00).*

**Signature of Person Applying for Permit:** \_\_\_\_\_

### OFFICE USE ONLY

**Date Received** \_\_\_\_\_ **Fee Received:** \$ \_\_\_\_\_ **By:** \_\_\_\_\_

**Other Comments:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **ROOM SIZES (Required)**

	<u>Square Footage / Size</u>		<u>Square Footage / Size</u>
Living Room	_____	Master Bedroom	_____
Family Room	_____	Bedroom #2	_____
Dining Room	_____	Bedroom #3	_____
Kitchen	_____	Bedroom #4	_____
Hearth Room	_____	Other	_____
Other	_____	Other	_____

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The following space may be used to draw the home layout: