



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:

