



**CITY OF FLORISSANT**  
**DEPARTMENT OF PUBLIC WORKS**

955 RUE ST FRANCOIS  
 FLORISSANT, MO 63031  
 (314) 839-7648 // publicworks@florissantmo.com

**OCCUPANCY INSPECTION REQUEST**

(Ref. Section 510.050)

<input type="checkbox"/> VACANT
<input type="checkbox"/> OCCUPIED
<input type="checkbox"/> SELLING
<input type="checkbox"/> RENTING

<b>PROPERTY ADDRESS</b>	
Street Number and Name	Zip Code

<b>OWNER INFORMATION</b>			
First and Last Name - Please Print	Date of Birth	Drivers License Number	DL State
Mailing Address - Street Name	City/ State	Zip Code	
Email Address	Primary Phone Number	Secondary Phone Number	

<b>AUTHORIZED REPRESENTATIVE</b>			
Agent Name - Please Print	Date of Birth		
Mailing Address - Street Name	City/ State	Zip Code	
Email Address	Primary Phone Number	Secondary Phone Number	

**THIS INSPECTION IS VALID FOR 120 DAYS AFTER THE INITIAL INSPECTION DATE.** WRITTEN REQUESTS FOR AN EXTENSION MUST BE APPROVED BY THE PUBLIC WORKS DEPARTMENT. AN EXTENSION DOES NOT GUARANTEE AN APPROVAL. UPON APPROVAL, A FEE OF \$50.00 IS DUE. A NEW INSPECTION IS REQUIRED IF OCCUPANCY IS NOT OBTAINED BY THE EXPIRATION DATE.

**ALL UTILITIES MUST BE PROPERLY ACTIVATED AT THE TIME OF INSPECTION. ALL CODE VIOLATIONS FOUND DURING AN INSPECTION MUST BE CORRECTED, EVEN IF A CHANGE IN OCCUPANCY DOES NOT TAKE PLACE.**

Authorized Representative has the authority to execute this Document on behalf of the Owner.

X \_\_\_\_\_ / \_\_\_\_\_  
 Signature Date

**FOR OFFICE USE ONLY**

INSPECTIONS	INSPECTOR	DATE	STATUS
INITIAL INSPECTION		/ /	
RE-INSPECTION		/ /	
2 <sup>ND</sup> RE-INSPECTION		/ /	
3 <sup>RD</sup> RE-INSPECTION		/ /	

PERMITS REQUIRED	ELECTRICAL <input type="checkbox"/>	MECHANICAL <input type="checkbox"/>	PLUMBING <input type="checkbox"/>	BUILDING <input type="checkbox"/>	FIRE PROTECTION <input type="checkbox"/>	SEWER <input type="checkbox"/>
TOTAL # OF BEDROOMS		TOTAL # OF OCCUPANTS ALLOWED		OTHER: _____ <input type="checkbox"/>		

CLERICAL	FEE \$	RECEIPT #	RECEIPT DATE	INSP. DATE	TIME
INITIAL INSPECTION	\$	#	/ /	/ /	@
RE-INSPECTION	N/C	SAME AS ABOVE	SAME AS ABOVE	/ /	@
2 <sup>ND</sup> RE-INSPECTION	\$	#	/ /	/ /	@
3 <sup>RD</sup> RE-INSPECTION	\$	#	/ /	/ /	@
EXTENSION REQUEST	\$	#	/ /	AUTHORIZED BY:	

EXTENSION APPROVED FOR:					
WARD		LAST INSPECTION		RENTAL LICENSE REQUIRED	YES <input type="checkbox"/> NO <input type="checkbox"/>
PERMIT HISTORY:		CLERK:		EXPIRATION DATE:	