



**Residential Occupancy Inspection**  
**City of Kirkwood – 139 S. Kirkwood Rd.**  
**Kirkwood, MO 63122 (314) 822-5823**

Permit# \_\_\_\_\_

**Location Information:**  Single or Two-Family (\$75.00)  Multi-Family Apartment/Condo (\$40.00)

<b>Address to be inspected</b>		<b>Unit</b>
Number of bedrooms	Number of bathrooms	Total Sq. Ft.
<b>Person Applying for inspection</b> <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Agent <input type="checkbox"/> Other:		
Name		Phone
Address		
E-Mail		

*The inspection is an occupancy inspection made for the purpose of determining the premises is in compliance with the City's property maintenance code for re-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 purchaser's/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. It is recommended that purchasers have a private inspection to address the specific interests and to render an opinion on the condition of the premises. In accordance with Missouri Law, the inspection report will become public record and will be provided to the public upon request.*

**By signing below you acknowledge the owner's permission has been obtained for this inspection:**

X \_\_\_\_\_ Date \_\_\_\_\_

**New Occupant Information:**  Owner  Renter

Mailing Address If different from above: \_\_\_\_\_

**Utility Connect Date:** \_\_\_\_\_ **Occupancy Date:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**E-mail** (Optional – not required) \_\_\_\_\_

**Spouse Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Other persons who will occupy the dwelling unit:**

Name	Relationship	Name	Relationship

**Total number of occupants:** \_\_\_\_\_

Subject to Zoning Approval

\*Shall any part of the premises be used for business purposes – (Home Occupation)  Yes or  No

*I understand that it is unlawful to occupy these premises without first receiving a Certificate of Occupancy and that it is unlawful to allow any person to occupy these premises who is not named above. I certify that the answers contained herein are true and accurate in all respects to the best of my knowledge and belief. The City's residential re-occupancy inspection does not replace the purchaser's/occupant's own obligation to be satisfied with the premises being purchased /occupied and to undertake private inspections. The City is not liable for any deficiencies or defects on the premises.*

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_