



WHERE COMMUNITY AND SPIRIT MEET®

Commercial Occupancy Application

City of Kirkwood - 139 S. Kirkwood Rd.

Kirkwood, MO 63122 (314) 822-5823

Commercial Inspection Fee \$100.00

Permit# _____ Zoning _____

*** If changing the business type/use to a higher parking requirement, Parking Worksheet is required**

Proposed type of Business _____ Business Name _____

Previous type of Business _____ Business Name _____

Zoning Approved by _____ **Conforming Use** **Legal, Non-conforming Use**

Address to be inspected: _____ **Unit** _____

Person requesting inspection: **Owner** **Tenant** **Agent** **Other** _____

Name: _____ **Phone:** _____

Address: _____ **City, State, Zip:** _____

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.

Signature of person requesting inspection: _____ **Date** _____

* Has the owner's permission been obtained for this inspection? **YES** or **NO**

New Occupant Information: Type of Business: _____

Occupancy date: _____ Utility connect date: _____

Business Phone #: _____ Number of Employees: _____

Business Hours: _____ Days of Week: _____

Mailing Address
if different from property address: _____

Tenant: Relationship to Business - **Owner** **Manager** **Other:** _____

Business Name: _____ Contact Name: _____

Home Address: _____

E-mail: _____ Contact number: _____

Emergency Contact Information:

Management or Property Owner: _____ Phone: _____

Does the property have: **Alarm System:** **YES** **NO** **Type:** **BURGLAR** **FIRE**

Knox Box (Rapid Entry System): **YES** **NO** **Generator:** **YES** **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: _____