# CERTIFICATE OF OCCUPANCY
# RESIDENTIAL APPLICATION

139 S. Kirkwood Rd., Kirkwood, MO 63122 | (314) 822-5823

*To submit your application via email, please visit our webpage for a list of current Permit Clerk & Permit Technician email addresses. Applications must be submitted and a Certificate of Occupancy issued before utilities can be established.*

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**Address to be Occupied:** _____ **Apt/Unit #:** _____

I hereby request permission for those named below to occupy the premises indicated above.

**New Occupant Information:** □ Owner     □ Tenant

**For Renter's Only:** Lease Term ≥ 30 days?     □ Yes or □ No  *Special Use Permit Required for Short-Term Rentals

**Occupancy Date:** _____ **Utility Connect Date:** _____

**Occupant Name:** _____

**Names of All Other Occupants** (including children, who will occupy the dwelling unit):

| 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 it is unlawful to occupy these premises without first receiving a Certificate of Occupancy and it is unlawful to allow any person to occupy these premises who is not names above. I certify that the answers herein are true and accurate in all respects to the best of my knowledge and belief.

□ I understand that the City's inspection of residential property is a property maintenance inspection. It does not replace the purchaser's or occupant's own obligation to be satisfied with the premises being purchased or occupied and to undertake any private inspections the purchaser or occupant may desire. The City is not liable for any deficiencies or defects on the premises.

□ By submitting this form, I acknowledge that I am the applicant listed above and the intended occupant of this residence. I understand that my application may be denied if the residence has not yet passed its occupancy inspection and an approval letter has not been issued.

**Phone #:** _____ **Email Address:** _____

**Applicant's Signature:** _____ **Date:** _____

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*City Use Only*            *Date Stamp*

Permit #:
□ Conditionally Issued _____
Expires on: _____
Approved For CO On: _____

Step 2of 2