



424 N. Sappington Road Glendale, Missouri 63122 (314) 965-3600 fax (314) 965-4772

**APPLICATION FOR RESIDENTIAL
REOCCUPANCY HOUSING INSPECTION**

Inspection Address _____ Glendale, MO 63122

Property Owner Name _____ Phone () _____

Property Owner Address _____

Inspections are performed between the hours of 8:30 a.m. and 2:00 p.m. Monday thru Friday. Please allow a two-hour time period for the inspection to be made. Arrangements may be made to schedule a special inspection time. You will be contacted within 48 business hours to confirm an inspection date and time.

Contact Person for Scheduling Inspections: _____

Phone # where person can be reached between 7:00 a.m. and 8:30 a.m. () _____

Date when home will be available for inspection: _____

The undersigned herewith applies for a re-occupancy inspection for the above, described premises under the terms of the St. Louis County Property Maintenance Code. **The \$110.00 inspection fee must accompany this application.** This fee includes the initial and second inspection. For any additional inspections needed a \$50.00 per inspection fee will be charged. This application is not a permit and the premises shall not be occupied until an occupancy permit is issued. The inspection fee is non refundable. The application is valid for 90 days. Failure to correct deficiencies noted on inspection report within 90 days shall cause the application to lapse and a new application and fee must be filed.

Applicant's signature: _____ Date: _____

***For Office Use Only:

LOCATOR # _____ Permit # _____ Fee Paid _____ Rec'vd by _____