



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

**APPLICATION FOR RESIDENTIAL OCCUPANCY PERMIT**

Proposed Occupancy Date: \_\_\_\_\_ # of Bedrooms in Home \_\_\_\_\_

ADDRESS OF PROPOSED OCCUPANCY:

\_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

Email address \_\_\_\_\_

NAME AND RELATIONSHIPS FOR ALL PERSONS TO OCCUPY RESIDENCE:

NAME	AGE	RELATIONSHIP
_____		
_____		
_____		
_____		
_____		
_____		

APPLICANT EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SPOUSE EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ARE YOU:  PURCHASING  LEASING / RENTING

IF RENTING, OWNER OF BUILDING: \_\_\_\_\_

ADDRESS OF OWNER: \_\_\_\_\_

PHONE # OF OWNER: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

WILL ANY PORTION OF THE UNIT BE USED FOR ANY PURPOSE OTHER THAN RESIDENTIAL?

YES NO IF YES, DESCRIBE: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION INCLUDED HEREIN IS TRUE AND COMPLETE AND UNDERSTAND THAT IT IS ILLEGAL TO OCCUPY ANY STRUCTURE UNTIL AN OCCUPANCY PERMIT HAS BEEN ISSUED BY THE CITY OF GLENDALE.

The undersigned herewith applies for a re-occupancy permit for the above, described premises under the terms of Section 400.860 of the Municipal code. **A \$25.00 fee must accompany this application.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT  
Updated 12/13

\_\_\_\_\_  
TODAY'S DATE