



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

**APPLICATION FOR RESIDENTIAL
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: _____

Email address of Owner or Contact Person: _____

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:

ST. LOUIS COUNTY DEPARTMENT OF PUBLIC WORKS ACCOUNT #00026

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