



HOME SALE / RENTAL INSPECTION

14811 Manchester Road • Ballwin, MO 63011
(636) 227-2129 • fax (636) 207-2360 • inspections@ballwin.mo.us

ADDRESS TO BE INSPECTED: _____

OWNER NAME: _____ PHONE: _____

OWNER ADDRESS (IF DIFFERENT): _____

OWNER EMAIL: _____

AGENT NAME: _____ PHONE: _____

AGENT EMAIL: _____

RESIDENTIAL INSPECTION

The person ordering this inspection is the:

- OWNER: Selling Renting
- BUYER

- SINGLE FAMILY \$100.00
- CONDOMINIUM \$100.00
- APARTMENT \$ 30.00

- OCCUPIED
- VACANT [LOCKBOX _____]

OF BEDROOMS: _____

OF FULL BATHROOMS: _____

OF HALF BATHROOMS: _____

PLEASE CHECK ALL THAT APPLY:

- BASEMENT: NONE/SLAB
- UNFINISHED
- PARTIALLY FINISHED BASEMENT
- FINISHED BASEMENT
- SPLIT LEVEL

- DECK
- FENCE
- GAZEBO
- RETAINING WALL
- SCREENED PORCH
- SHED
- POOL / HOT TUB

COMMERCIAL INSPECTION

The person ordering this inspection is the:

- PROPERTY OWNER:
- TENANT / BUYER

- COMMERCIAL (≤ 1500 sq ft).....\$100.00
- COMMERCIAL (> 1500 sq ft).....\$_____.00
- $\$100 + .02 \times \text{_____ sq ft in excess of 1500 sq ft}$

- OCCUPIED
- VACANT [LOCKBOX _____]

OF BATHROOMS: _____

Signature (required for all inspection requests)

Date

The City of Ballwin does not make any Guarantee or Warranty as to the conditions of the buildings and premises inspected, nor does the City assume any liability in the inspection and Certification of Compliance. This report is not intended to replace a private inspection service or to be used for property purchase / rental / lease guidance. The City of Ballwin suggests that all purchasers employ a private inspection service.

PREMISES ARE NOT TO BE OCCUPIED UNTIL AN "OCCUPANCY PERMIT" HAS BEEN ISSUED TO THE NEW OCCUPANTS.



CREDIT CARD PAYMENT FORM

Inspections: (636) 227-2129
 Fax: (636) 207-2360
 Email: inspections@ballwin.mo.us

PHONE MAIL FAX EMAIL

- MASTERCARD
- VISA
- DISCOVER

<i>CARD NUMBER</i>
<i>EXPIRATION DATE (MM/YY):</i>

√	<i>TRANSACTION TYPE</i>	<i>AMOUNT</i>	<i>REF # OFFICE USE ONLY</i>
	HOUSING INSPECTION	\$ 100	
	APT INSPECTION	\$ 30	
	PERMIT		
	ESCROW DEPOSIT		
	LICENSE		

NAME AND ADDRESS ON THE CREDIT CARD BILLING STATEMENT

NAME ON CARD	
STREET ADDRESS	
CITY/STATE	ZIP

CARDHOLDER SIGNATURE (IF MAILED/EMAILED/FAXED) X	
EMAIL ADDRESS:	DATE
DAYTIME PHONE NUMBER	