



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 Short Term Rental

BUYER

SINGLE FAMILY / CONDOMINIUM \$125.00

APARTMENT \$ 40.00

OCCUPIED

VACANT [COMBINATION LOCKBOX]

Our inspectors cannot access Supra lockboxes

OF BEDROOMS:

OF FULL BATHROOMS:

OF HALF BATHROOMS:

PLEASE CHECK ALL THAT APPLY:

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

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

COMMERCIAL INSPECTION

The person ordering this inspection is the:

PROPERTY OWNER:

TENANT / BUYER

COMMERCIAL (≤ 1500 sq ft) \$125.00

COMMERCIAL (> 1500 sq ft) \$.00

\$100 + .03 x 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

FAX EMAIL

PLEASE NOTE:
We do not accept payment over the phone.

- AMERICAN EXPRESS
- DISCOVER
- MASTERCARD
- VISA

<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		
	APT INSPECTION		
	PERMIT		
	ESCROW DEPOSIT		
	LICENSE		

NAME AND ADDRESS ON THE CREDIT CARD BILLING STATEMENT

NAME ON CARD	
STREET ADDRESS	
CITY/STATE	ZIP

CARDHOLDER SIGNATURE X	
EMAIL ADDRESS:	DATE
DAYTIME PHONE NUMBER	