



**CITY OF BALLWIN**  
1 Government Ctr ♦ Ballwin, Missouri 63011  
(636) 227-2129  
inspections@ballwin.mo.us

## CERTIFICATE OF OCCUPANCY

ADDRESS: \_\_\_\_\_ WARD # \_\_\_\_\_

### CONDITIONS OF OCCUPANCY

Anyone occupying the premises for which this permit is issued must be named hereon. Any person not named hereon who moves to these premises is violating the law unless an occupancy permit is applied for and issued to his/her name.

***The City of Ballwin must be notified of any change in the names or number of people occupying this dwelling.***

Permission is hereby granted to those named below to occupy the above-named dwelling unit in the City of Ballwin.

### PLEASE PRINT CLEARLY

DATE OF PROPOSED OCCUPANCY: \_\_\_\_\_

1 HEAD OF HOUSEHOLD \_\_\_\_\_

2 HEAD OF HOUSEHOLD / SPOUSE \_\_\_\_\_

#### NAMES OF OTHER OCCUPANTS

#### RELATIONSHIP TO HEAD OF HOUSEHOLD

3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
7 _____	_____
8 _____	_____
9 _____	_____
10 _____	_____

☐ OWNER

☐ TENANT  
*Please →  
complete*

OWNER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

MANAGER/AGENT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

*I certify that the information contained herein is true and accurate in all respects to the best of my knowledge and belief.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

#### OFFICE USE ONLY

This occupancy permit is issued pursuant to an inspection made on \_\_\_\_\_. The City of Ballwin does not make any guarantee or warranty as to the conditions of the buildings inspected, nor does the City assume any liability in the inspection and certificate of compliance.

The legal occupancy of this dwelling is limited to one family of no more than \_\_\_\_\_ members.

SEAL

- ☐ ISSUED TO HOMEOWNER/TENANT
- ☐ OCCUPANCY INFO ENTERED IN NWS UDF
- ☐ PARCEL OWNERSHIP DATA UPDATED IN NWS
- ☐ SCANNED INTO NWS

ISSUE DATE \_\_\_\_\_

BY: \_\_\_\_\_