



CITY OF BALLWIN

#1 Government Ctr ♦ Ballwin, Missouri 63011
(636) 227-2129 Fax: (636) 207-2360 Email: inspections@ballwin.mo.us
www.ballwin.mo.us

CERTIFICATE OF OCCUPANCY

ADDRESS: _____ WARD # _____

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.

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: _____

HEAD OF HOUSEHOLD _____

HEAD OF HOUSEHOLD / SPOUSE _____

NAMES OF OTHER OCCUPANTS

RELATIONSHIP TO HEAD OF HOUSEHOLD

Table with 2 columns: NAMES OF OTHER OCCUPANTS (1-8) and RELATIONSHIP TO HEAD OF HOUSEHOLD.

OWN

RENT -> Please complete box at right

Owner/Manager information box containing fields for Name, Address, and 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 NO. _____

Email: _____

OFFICE USE ONLY

SEAL

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

ISSUE DATE _____

BY: _____