

HEALTH AND SAFETY OCCUPANCY PERMIT

City of Dardenne Prairie
(Ordinance #884 May 18, 2005)

DPO# _____
Application Fee \$75.00

Property Address: _____ Lot/Unit # _____

Subdivision/Building: _____ Expected Occupancy/Closing Date: _____

Is change to occupant due to (check one): Sale of Property or Rental/Lease of Property

Is property (check one): Residential or Commercial

If residential, is property (check one): Single Family Home or Villa/Condo/Apartment

Seller/Owner: Name _____ Phone: _____

Address: _____

Buyer/Renter: name _____ Phone: _____

Applicant's Signature _____ Today's Date _____

Applicant's Phone: _____ Applicant's email address: _____

Is Applicant (check one): Seller Buyer Renter Realtor Property Manager Land Lord

INSPECTION REPORT

List of Violations: _____

Approved _____ Not Approved _____
Inspector _____ Date _____

RE-INSPECTION

List of Violations: _____

Approved _____ Not Approved _____
Inspector _____ Date _____

White-Office Yellow-Owner/Tenant Pink-New Resident Goldenrod-Accounting