



City of MARYLAND HEIGHTS

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PERMIT NUMBER _____
RECEIPT NUMBER _____
INSPECTION DATE _____
INSPECTION TIME _____
INITIAL INSPECTOR _____

APPLICATION FOR APARTMENT OCCUPANCY INSPECTION

TYPE OR PRINT ONLY.

\$60 Inspection Fee, payable to the City of Maryland Heights

DATE: _____

1. PROPERTY TO BE INSPECTED:

ADDRESS _____ UNIT: _____

CITY: _____ STATE: _____ ZIP: _____

CURRENTLY OCCUPIED? [] YES [] NO

2. OWNER INFORMATION:

NAME: _____ PHONE: _____

ADDRESS: _____ UNIT: _____

CITY: _____ STATE: _____ ZIP: _____

3. PROPERTY MANAGER INFORMATION:

NAME: _____ PHONE: _____

ADDRESS: _____ UNIT: _____

CITY: _____ STATE: _____ ZIP: _____

4. PERSON TO CONTACT FOR INSPECTION:

NAME: _____ PHONE: _____

SIGNATURE OF APPLICANT: _____

PRINT SIGNATURE: _____ D.L. #: _____