Department of Community Development
6801 Delmar Boulevard, University City, Missouri 63130
Phone: (314) 505-8500, Fax: (314) 862-3168

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PROJECT NUMBER:

RESIDENTIAL OCCUPANCY PERMIT APPLICATION

NOTE

All fields must be completed unless noted. Please print.

ADDRESS

Address:

Number, Street, Unit

PERMIT INFORMATION

Occupancy:
- ☒ New Occupancy Permit ($25)
- ☒ New Sublease Permit ($25) [90 days]
- ☒ Conditional Occupancy Permit ($35) [60 days]
- ☒ Changing an Existing Occupancy Permit ($10.00)

Applied fees are non-refundable

Tenancy:
- ☒ Owner - Occupied
- ☒ Rental

APPLICANT INFORMATION

All fields must be completed unless noted. ***PLEASE PRINT.***

Name:

First Name/Last Name

Phone Number:

(XXX) XXX-XXXX

E-mail (Optional):

XXXXX@XXXX.XXX

Birth Date:

MM/DD/YYYY

Gender ☒ Female ☒ Male

Note: A valid picture ID must be submitted with the permit application (e.g. state ID, driver's license, or passport). Applications without the required ID provided will not be processed.

OTHER OCCUPANT INFORMATION

Name of Occupants (Last, First, Middle Initial)	Gender (M/F)	Birth Date (MM/DD/YYYY)	Relationship to Applicant

APPLICANT ACKNOWLEDGEMENT AND SIGNATURE

By signing below, I state the information provided on this registration application is truthful to the best of my knowledge, and I have read and understand the terms of service documentation as it relates to this application. Further, I understand this is an application and not a permit. Only the applicant will be allowed to make changes to the issued permit.

Name (Printed) | *Signature* | *Date*

Occupancy permits will not be issued on properties with a delinquent refuse bill.