



# CITY OF CALVERTON PARK

52 YOUNG DR.  
 CALVERTON PARK, MO 63135  
 (314) 524-1212 Fax (314) 524-2012

<input type="checkbox"/> VACANT
<input type="checkbox"/> OCCUPIED

## APPLICATION FOR CODE COMPLIANCE INSPECTION

Section 215.030 Inspection Fee \$100.00

<b>PROPERTY ADDRESS</b>	

Street Number and Name	Zip Code
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**OWNER INFORMATION**

First and Last Name - Please Print	Date of Birth	Drivers License Number	DL State
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Mailing Address - Street Name	City/State	Zip Code
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Email Address	Primary Phone Number	Secondary Phone Number
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**AUTHORIZED REPRESENTATIVE**

Agent Name - Please Print	Date of Birth
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Mailing Address - Street Name	City/State	Zip Code
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Email Address	Primary Phone Number	Secondary Phone Number
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Property Owner or Authorized Representative who has the authority to execute this Document on behalf of the Owner.

X \_\_\_\_\_ ; \_\_\_\_\_  
 Signature Date

**TTTTTTTTT FOR OFFICE USE ONLY TTTTTTTTTT**

**INSPECTIONS INSPECTOR DATE STATUS**

INITIAL INSPECTION			
RE-INSPECTION			
2 <sup>ND</sup> RE-INSPECTION			
3 <sup>RD</sup> RE-INSPECTION			

PERMITS REQUIRED	ELECTRICAL <input type="checkbox"/>	MECHANICAL <input type="checkbox"/>	PLUMBING <input type="checkbox"/>	BUILDING <input type="checkbox"/>	FIRE PROTECTION <input type="checkbox"/>	SEWER <input type="checkbox"/>
TOTAL # OF BEDROOMS		TOTAL # OF OCCUPANTS ALLOWED	Sq. Ft.	OTHER: _____		<input type="checkbox"/>

**CLERICAL**

INITIAL INSPECTION	FEE\$	RECEIPT#	DATE:
2 <sup>ND</sup> RE-INSPECTION	FEE\$	RECEIPT#	DATE:
3 <sup>RD</sup> RE-INSPECTION	FEE\$	RECEIPT#	DATE:
EXTENSION APPROVED BY:			DATE:
EXTENSION APPROVAL FEE\$		RECEIPT#	DATE:
WARD	LAST INSPECTION	RENTAL LICENSE REQUIRED	YES <input type="checkbox"/> NO <input type="checkbox"/>
INSPECTOR:		CLERK:	EXPIRATION DATE: