

Application for Residential Occupancy Permit

City of Louisiana, Missouri

Building Department
202 South 3rd Street
Louisiana MO 63353

INSPECTION ADDRESS: _____				
THIS PROPERTY SHALL BE OCCUPIED BY THE: OWNER (BUYER) RENTER				
NAME OF APPLICANT: _____				
I AM THE: OWNER SELLERS AGENT BUYER RENTER				
PROPERTY OWNER:				
OWNER'S ADDRESS: _____		CITY: _____		STATE: _____ ZIP: _____
OWNER'S PHONE #: _____		FAX #: _____		
NAME OF SELLING/LEASING AGENT: _____				
AGENCY NAME & ADDRESS: _____				
AGENT'S PHONE #: _____		FAX #: _____		
BUYER'S NAME:				
BUYER'S ADDRESS: _____		CITY: _____		STATE: _____ ZIP: _____
BUYER'S PHONE #: _____		FAX #: _____		
RENTER'S NAME: _____				
RENTER'S				
CURRENT ADDRESS: _____		CITY: _____		STATE: _____ ZIP: _____
RENTER'S CURRENT PHONE #: _____				
OFFICE USE ONLY				
APPOINTMENT TIME: _____		AM PM	INSPECTION DATE: _____	
INSPECTOR: _____		OCCUPANT LIMIT: _____		
Compliance # _____		Fee <u>45-</u>		
THIS DOCUMENT SHALL BE MADE PART OF PERMANENT RECORDS FOR THE ABOVE REFERENCED ADDRESS				