



# APPLICATION FOR RESIDENTIAL OCCUPANCY PERMIT

City of Louisiana, MO  
202 S. Third St. 63353

Inspection Address: \_\_\_\_\_

This Property Shall Be Occupied By The: Owner (Buyer) Renter

Name of Applicant: \_\_\_\_\_

I Am The: Owner Seller's Agent Buyer Renter

Property Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_

Name of Selling/Leasing Agent: \_\_\_\_\_

Agency Name and Address: \_\_\_\_\_

Agent's Phone Number: \_\_\_\_\_

Buyer's Name: \_\_\_\_\_

Buyer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Buyer's Phone Number: \_\_\_\_\_

Renter's Name: \_\_\_\_\_

Renter's Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Renter's Phone Number: \_\_\_\_\_

## Office Use Only

---

Appointment Time: \_\_\_\_\_ AM PM

Inspection Date: \_\_\_\_\_

Inspector: \_\_\_\_\_

Occupant Limit: \_\_\_\_\_

Compliance Number: \_\_\_\_\_

Fee: \$ \_\_\_\_\_

*This Document Shall Be Made Part Of Permanent Records For The Above Referenced Address*