

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

## Rental Housing Permit Application

### City of Louisiana, Missouri, Property Information

Rental Property Street Address: \_\_\_\_\_

Note: Where there is more than one rental building on a continuous parcel of land, list the address at each building. One application may be used for apartment complexes.

Number of Rental Units: \_\_\_\_\_ (Apartments, duplexes, triplexes only)

### Owner Information

Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Oath/Signature

I certify that the above information and answers are correct, and I understand that all mailings from the Code Enforcement and/or Building Inspections Department will be mailed to the property owner.

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

#### FOR OFFICE USE ONLY

<input type="checkbox"/> Initial Inspection	<input type="checkbox"/> Re-inspection	<input type="checkbox"/> Renewal Inspection				
			<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Condemned	
Unit # _____	<input type="checkbox"/>	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	Occupants _____
Unit # _____	<input type="checkbox"/>	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	Occupants _____ Fee: \$ _____
Unit # _____	<input type="checkbox"/>	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	Occupants _____ Paid Date: _____
Unit # _____	<input type="checkbox"/>	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	Occupants _____ Initials _____
Unit # _____	<input type="checkbox"/>	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	Occupants _____ Initials _____
Unit # _____	<input type="checkbox"/>	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	Occupants _____ Initials _____

\_\_\_\_\_  
Inspector's Signature

\_\_\_\_\_  
Date