City of University City

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

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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)

☐ Changing an Existing Occupancy Permit ($5.70)

Tenancy: ☐ Owner - Occupied

☐ Rental

HEAD OF HOUSEHOLD 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 Head of Household

APPLICANT SIGNATURE

By signing below, you state the information provided on this registration application is truthful to the best of your knowledge and you 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. The premises cannot be occupied until a permit is issued.

_____ _____ _____

Name (Printed) *Signature* *Date*