



City of Foristell

121 Mulberry St. Foristell, MO 63348
Phone: (636) 463-2123 / Fax: (636) 673-2701

APPLICATION FOR OCCUPANCY PERMIT

(PLEASE PRINT)

AN OCCUPANCY PERMIT IS HEREBY REQUESTED FOR THOSE NAMED BELOW TO OCCUPY THE
PREMISES KNOWN AS: _____

(PROPERTY ADDRESS)

NAME OF PROPERTY OWNER/LANDLORD

Phone _____

NAME OF TENANT(S) (if applicable)

Total number of persons occupying the home _____

I certify that I am to be the occupant of the unit described in this application and that the information contained herein are true and accurate in all aspects to the best of my knowledge and belief under the penalty of the law. Any changes in occupancy must be given to the City of Foristell on a new application.

SIGNED _____ DATE _____

* * * * * OFFICE USE ONLY * * * * *

Number of Bedrooms _____ Number of Occupants Unit is certified for _____**

Total Living Space _____

Approved: _____ Denied _____ Date _____

Maximum number of occupants allowed is defined by the Foristell City Code and the International Property Maintenance Code