



# City of De Soto

17 Boyd , De Soto MO 63020 (636) 586-3326 Fax (636) 586-9201

Occupancy Inspection Application **\$30.00 Inspection Fee**

- Apartment or Condo for Rent or Sale
- Commercial Occupancy Inspection For New Business or Change in Ownership
- Single Family Home for Rent or sale

Property Address: \_\_\_\_\_

Inspection Date Requested : \_\_\_\_\_ Vacant: Yes \_\_\_\_\_ No \_\_\_\_\_

Property Owner:

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

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

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Agent/Company:**

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

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

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

The inspection is a minimim property maintenance inspection made for the purposes of determining the premises is in compliance with the City’s property maintenance code for occupancy. The scope of the inspection is limited to observations readily visible without moving or removing any item causing visual obstruction. This inspection does not constitute a guarantee or warranty expressed or implied regarding the present or future condition or use of these premises. **The inspection does not replace the occupants own obligation to be satisfied with the premises and to undertake private inspections.** The City shall not be held liable for any deficiencies or defects on the premises.

I certify that I have been authorized by the owner to make application as his authorized agent.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

Date Received \_\_\_\_\_  Check  Cash  Credit Permit Number \_\_\_\_\_