



CITY OF ARNOLD  
 COMMUNITY DEVELOPMENT DEPARTMENT  
 2101 JEFFCO BOULEVARD  
 ARNOLD, MISSOURI 63010  
 PHONE: 636-296-0596 FAX: 636-282-6677

**APPLICATION FOR RESIDENTIAL OCCUPANCY PERMIT**  
**(PLEASE PRINT LEGIBLY)**

**NEW ADDRESS:** \_\_\_\_\_ Apt. # \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Present Phone # \_\_\_\_\_

Previous Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Spouse or Partner \_\_\_\_\_

**Proposed Date of Occupancy** \_\_\_\_\_

Names of children who will occupy the dwelling unit on a full-time basis:

_____	_____
First and last name	First and last name
_____	_____
First and last name	First and last name

All other persons who will occupy the dwelling unit on a full-time basis not listed above:

_____	_____
First and last name	Relationship
_____	_____
First and last name	Relationship

Will you be **renting** \_\_\_\_\_ or **purchasing** \_\_\_\_\_ the above named property?

*If you have checked renting please indicate the following information:*

Property Owner's Name: \_\_\_\_\_

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

<b>E/S INSP:</b>	YES ___ NO ___
<b>UTILITY BILLING CHECK:</b>	YES ___ NO ___
<b>ISSUE OCC:</b>	YES ___ NO ___

Will any part of the premises be used for business purposes? Yes No

**Note:** If you answered yes to the above question an application for a business license **MUST** be made at the City Clerk's Office. If so, what is the nature of the business? \_\_\_\_\_

I certify that the answers contained herein are true and accurate in all respects to the best of my knowledge and belief.

\_\_\_\_\_  
**Applicant's signature** **Date**

*The city's inspection of premises is a minimum maintenance inspection. It does not replace the purchaser's own obligation to be satisfied with the structure being purchased or to undertake any private inspections the purchaser may desire. The city is not and cannot be liable for any deficiencies that may be discovered after the purchaser occupies the premises.*