



CITY OF ELLISVILLE
1 Weis Avenue
Ellisville, Missouri 63011
Phone: 636/227-9660 • Fax: 636/227-9486

OCCUPANCY PERMIT FOR RESIDENTIAL USE

Date: _____

Permit #: _____

**A \$15.00 PERMIT FEE PAYABLE TO THE CITY OF ELLISVILLE MUST ACCOMPANY THIS APPLICATION.
CASH / CHECK ONLY**

A Permit is hereby request for those named below to occupy the premises known as:

ADDRESS _____ APT. # _____

Any person(s) occupying the premises must be named hereon. Any person not named hereon who moves into these premises after the permit is issued is violating the law, unless such additional occupancy is authorized by the City of Ellisville.

APPLICANT'S NAME (if other than Owner/Occupant) _____

OCCUPANT'S NAME _____ PHONE _____

SPOUSE'S NAME _____

CELL PHONE _____ EMAIL ADDRESS _____

CHILDREN WHO WILL OCCUPY THE UNIT (First and Last names):

NAME _____ AGE _____ NAME _____ AGE _____

NAME _____ AGE _____ NAME _____ AGE _____

NAMES OF OTHER PERSONS WHO WILL OCCUPY THE PREMISES:

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

CHECK ONE: OWN RENT

IF YOU ARE RENTING, PLEASE FILL OUT THE NEXT BOX, IF NOT DISREGARD THIS BOX AND PROCEED.

OWNER'S NAME _____	PHONE _____
OWNER'S ADDRESS _____	
MANAGER'S OR AGENT'S NAME _____	PHONE _____
MANAGER'S OR AGENT'S ADDRESS _____	

TOTAL SQUARE FOOTAGE OF UNIT PROPOSED FOR OCCUPANCY _____

NUMBER OF BEDROOMS _____ NUMBER OF BATHROOMS _____

DATE OF PROPOSED OCCUPANCY _____

I certify that I am the owner/occupant or agent of the premises described in this application and that the answers contained herein are true and accurate in all aspects to the best of my knowledge.

Signature of Owner/Occupant or Agent: _____