



City of St. Ann, Missouri
TEMPORARY OCCUPANCY PERMIT APPLICATION

PLEASE SUBMIT COMPLETED APPLICATION, PHOTO ID'S OF ANYONE 16 YEARS OF AGE AND OLDER AND PLACE IN THE DROP BOX LOCATED OUTSIDE THE CITY HALL/POLICE LOBBY.

Fee: \$30.00/ Increases to \$45.00 if occupied and may be subject to a summons
IT IS ILLEGAL TO MOVE SOMEONE IN WITHOUT OBTAINING PROPER PERMIT

PROPERTY ADDRESS: _____

Owner Occupied Rental Unit Phone # _____

E-MAIL: _____

PLEASE PRINT LEGIBLE the full name, date of birth, ID/Driver's License # of each occupant and his/her relationship to the Head of Household.

Table with 5 columns: NAME (Last Name First), DOB, ID/Drivers License #, RELATIONSHIP, EMPLOYER. Includes a 'Head of Household' label in the first row.

Owner of Property _____ Phone# () _____

Address _____ City _____ State _____ Zip _____

EFFECTIVE NOVEMBER 1, 2005: ANY PERSON SIXTEEN YEARS OF AGE OR OLDER THAT WILL RESIDE IN AN APARTMENT, HOUSE, OR ANY OTHER DWELLING WITHIN THE CITY OF ST. ANN WILL BE REQUIRED TO PROVIDE A COPY OF AN APPROVED PHOTO IDENTIFICATION UPON APPLICATION FOR A RESIDENTIAL OCCUPANCY PERMIT. WE CAN NOT ISSUE AN OCCUPANCY PERMIT UNTIL WE HAVE A COPY OF THE APPROVED PHOTO IDENTIFICATION ON FILE.

X I UNDERSTAND THAT DUE TO THE COVID-19 STATE OF EMERGENCY, THE CITY OF ST. ANN IS WAIVING THE INITIAL REQUIREMENT FOR THE PROPERTY TO BE INSPECTED. I AGREE THAT ONCE THE COVID-19 STATE OF EMERGENCY HAS LIFTED, I WILL PROVIDE ACCESS TO THE PROPERTY FOR A SAFETY INSPECTION.

Purchasers/renters are cautioned to personally verify all housing information to their own satisfaction. If you feel unsure of your judgment, there are real estate, home inspection and appraisal companies to advise you. The City does not give real estate advice, nor does the City imply any guarantee that you will be pleased with your dwelling or with the quality or condition of its utilities.

I hereby state that my family and I have seen the premises and are satisfied with the property. x (Initial) I further state that I/we want to occupy the premises and are applying to the City of St. Ann for the required Occupancy Permit and hold the City harmless in connection with any inspection and/or report which the City may make in response to this application. x (Initial) I also state that I/we have the owner's permission to apply for this permit.

I certify that the information I have given is true and complete. I understand it is unlawful to occupy these premises without first receiving a permit to allow any person not on this application to occupy these premises. Any falsification of this application shall void said permit.

Signature of Applicant: _____

Date: _____

For Office Use Only
RECEIPT # _____
CHECK # _____
DATE: _____