

# City of Hawk Point

ACCOUNT #

121 West Lincoln Drive | PO Box 302 | Hawk Point, MO | 63349  
Phone: 636-338-4377 \* Fax 636-338-4827

## OCCUPANCY CERTIFICATE RESIDENTIAL

NAME: \_\_\_\_\_  
*Last* *First* *MI*

- PURCHASE: OWNER OCCUPIED  
 RENTAL: TENANT OCCUPIED

<b><u>FOR RENTERS ONLY</u></b>		
NAME OF PROPERTY OWNER _____		
ADDRESS OF PROPERTY OWNER _____		
CITY _____	STATE _____	ZIP _____
PHONE NUMBER ( ____ ) _____ - _____		

The undersigned prospective occupant, hereby requests an Occupancy Permit to occupy the dwelling at:

\_\_\_\_\_  
*Address*  
Hawk Point Missouri 63349  
*City* *State* *Zip*

### APPLICANT INFORMATION

MAILING ADDRESS:

\_\_\_\_\_  
*Address*  
\_\_\_\_\_  
*City* *State* *Zip*

HOME PHONE: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
WORK PHONE: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
OTHER PHONE: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Month* *Day* *Year*

DRIVERS LICENSE No.: \_\_\_\_\_ STATE: \_\_\_\_\_

**OCCUPANT INFORMATION**

TOTAL NUMBER OF OCCUPANTS: \_\_\_\_\_

*(PLEASE LIST ALL OCCUPANTS)*

FULL NAME	RELATIONSHIP	DATE OF BIRTH

I, the undersigned, understand that it is unlawful to occupy these premises without first receiving a Certificate of Occupancy from the City of Hawk Point. I understand that the issuance of a Certificate of Occupancy is not a statement or guarantee to the quality of the premises or any component thereof. I understand and agree to comply with the occupancy guidelines provided with this application. I certify that the answers provided on this application are true and accurate in all respects to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant (signature)

\_\_\_\_\_  
Date

*This portion is to be completed by the city clerk*

DATE PAID:   	Occupancy Certificate Application Fee: <b>\$15.00</b>
	CC   CASH   MO # _____   CHECK # _____
	Clerks Signature: _____