# Cíty of Hawk Poínt

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

FOR RENTERS ONLY			
NAME OF PROPERTY OWNER			
ADDRESS OF PROPERTY OWNER			
CITY	STATE	ZIP	
PHONE NUMBER ( ) )	<sup>_</sup>		

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:	/	/	
Λ	Month Day	Year	
DRIVERS LICENS	E 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 premised 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

DATE PAID:	CITY OF HAWK POINT USE ONLY INSPECTOR:
	DATE OF INSPECTION: / / /
CC   CASH   MO   CHECK	PASSFAIL
#	SIGNAURE OF CITY CLERK: