

Housing Conservation Certificate of Inspection Application

Unit Address: _____ Date: _____

Owner's Name: _____

Owner's Address: _____

Home Phone: _____

Work Phone: _____

Management Company: _____

Name and Title of: _____

Officer of Company: _____

Company Address: _____

Company Phone: _____

I, the undersign, do hereby affirm: the above statements are true and correct and also agree to comply with the provision of the ordinance of the City of St. Louis.

Signature

Date

Mail or bring the application with fee to:

**City of St. Louis
Housing Conservation, Room 406
1200 Market Street
St. Louis, MO 63103**

Note: It is the applicant's responsibility to schedule an appointment. Please contact the inspector at 622-3352 between 8:00 a.m. and 9:00 a.m. Please allow between two or three (3) working days from the time of the mailing for delivery. Inspector cannot schedule appointment until paid applications are received.

Fee:	Units inspected before occupancy	\$ 60.00
	Additional units inspected same day	\$ 20.00
	Units inspected after occupancy	\$100.00
	Scattered sites*	\$ 26.00

*same owner - scattered sites limited to 3