

## CITY OF STEELVILLE 895 Frisco Street

Steelville, MO 65565 573-205-0646 cell 573-775-775-7068 573-775-5914 Fax Jhevans.consult@gmail.com

## APPLICATION FOR HOME OCCUPANCY INSPECTION

Date:	
Application for a home and premises	s inspection is hereby made by:
Name:	
Owner/Agent:	
Address for Inspection:	
Mailing Address:	*
Phone of Owner/Agent:	
Requested inspection date & time: _ FEE: \$	ns \$ ———————————————————————————————————
'Inspection should be scheduled v Re-Inspection should be schedul I verify that I have received a copy compliance. No person is to occupy	r follow up timeframe expires (90 days) vithin 2 business days after application
Signed:	Date:
Application received by:	Date:
Application approved by:	Date: