OFFICE OF THE BUILDING COMMISSIONER
St. Peters City Hall, P.O. Box 9, St. Peters, MO 63376
Telephone: (636) 477-6600 or 278-2244, Ext. 1670, FAX: (636) 477-9077
EMAIL: RENTALS@STPETERSMO.NET

CENSUS FORM

Per the Municipal Code of the City of St. Peters, the following information must be provided to the City of St. Peters in order to issue an Occupancy Permit. **NOTE: THIS FORM MUST BE COMPLETED IN INK AND IN ITS ENTIRETY BEFORE AN OCCUPANCY PERMIT WILL BE ISSUED. PER THE CODE, ALL NON OWNER OCCUPIED HOUSING UNITS MUST BE INSPECTED AND APPROVED FOR OCCUPANCY PRIOR TO THE DWELLING BEING OCCUPIED. NO MORE THAN TWO (2) UNRELATED PERSONS ARE ALLOWED PER RESIDENCE/UNIT. THIS FORM MUST BE RETURNED WITHIN SEVEN (7) DAYS. PENALTY FOR VIOLATION OF ANY PROVISION OF CHAPTER 505 SHALL BE NOT LESS THAN FIFTY ($50) DOLLARS NOR MORE THAN FIVE HUNDRED ($500) DOLLARS.**

ADDRESS OF RESIDENCE: _____

Check One:

Single Family _____ Condo _____ Duplex _____ Multi-Family (Apartment) _____

NAMES OF OCCUPANTS

LAST NAME, FIRST NAME MI	DATE OF BIRTH	SEX	RELATIONSHIP

Are you presently a St. Peters resident? _____

If yes, Please furnish address _____

Under penalty of law, by signing below, both the Applicant and Owner certify that the above information is true and accurate regarding the tenants who are to occupy the above listed address.

Signature of Applicant	**Phone Number**	**Date**
Signature of Owner	**Phone Number**	**Date**

A separate application is to be submitted to the Building department for each address or unit approved for occupancy.

CONFIDENTIAL