



# City of Bel-Nor

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APPLICATION DATE: \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

## APPLICATION FOR HOUSING INSPECTION

To be accompanied by **\$100.00**, check payable to the City of Bel-Nor, to cover the inspection and one re-inspection. The application is valid for six months, from the day of filing. The fee is non-refundable. A fee of \$25.00 will be charged for subsequent inspections after the initial and re-inspection. The undersigned hereby makes application for a City of Bel-Nor Housing Inspection. **All utilities must be on at time of inspection!**

\_\_\_\_ Inspection for Real Estate Sale Property Listing  
\_\_\_\_ Inspection for New Rental Property (check one)  
    \_\_\_\_ Preparation for new tenant  
    \_\_\_\_ Annual inspection with no tenancy changes  
\_\_\_\_ Other Inspection Reason(specify reason) \_\_\_\_\_

ADDRESS FOR HOUSING INSPECTION: \_\_\_\_\_

OWNER OF RECORD: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (    ) \_\_\_\_\_ CELL: (    ) \_\_\_\_\_ OFFICE: (    ) \_\_\_\_\_

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

SIGNATURE: \_\_\_\_\_

If someone other than the homeowner will be handling the inspection, please indicate below, the person, agency, or agent, where the report should be mailed. *Reports cannot be mailed to vacant property.*

NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: (    ) \_\_\_\_\_

HOME PHONE: (    ) \_\_\_\_\_ CELL: (    ) \_\_\_\_\_ OFFICE: (    ) \_\_\_\_\_

RELATION TO THE OWNER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

REMARKS: \_\_\_\_\_

LOCKBOX CODE: \_\_\_\_\_

Inspections may be not scheduled for up to 2 weeks. Inspection stickers required on "for sale" signs. Renters and buyers shall contact City Hall for an occupancy permit before occupying the property.

**DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY**

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Receipt # \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_ Application No. \_\_\_\_\_