



CITY OF BONNE TERRE

APPLICATION FOR CERTIFICATE OF OCCUPANCY

Date: _____

Date of Occupancy: _____

Name of Head of Household: _____ SSN: _____

Property Address: _____

Phone: _____

Property Owner if Different Than Above or Rental: _____

Phone: _____

Your Previous Address: _____

PLEASE PRINT COMPLETE INFORMATION ON ALL PERSONS WHO WILL OCCUPY THE DWELLING UNIT

FULL NAME **M/F** **DOB** **OCCUPATION** **EMPLOYMENT ADDRESS**

1. _____

2. _____

3. _____

4. _____

5. _____

Is any resident listed above a convicted sex offender, as defined by any States or Federal law:

Yes _____ No _____

If your answer to the previous question was **YES**, for each occupant who is a convicted sexual offender, has such individual reported their new address to the appropriated State and Local Authorities as required by Missouri law:

Yes _____ No _____

If your answer to either of the previous questions was YES, for each occupant who is a convicted sexual offender, please provide each Agency Name, Address, and Telephone Number to which such relocation has been reported:

IMPORTANT! BE SURE TO READ:

NO OWNER SHALL OCCUPY OR LET TO ANY OTHER PERSON, ANY VACANT DWELLING UNIT UNLESS IT IS CLEAN, SAFE, SANITARY, FIT FOR HUMAN OCCUPANCY AND COMPLIES WITH ALL PROVISIONS OF CHAPTER 15.08.

Applicant Signature: _____ Date: _____