INITIAL INSPECTION FEE:	**$100.00**
1ST RE-INSPECTION:	**NO CHARGE**
2ND RE-INSPECTION:	**$50.00**

INSPECTIONS DEPARTMENT
8425 Airport Road
Berkeley, MO 63134
(314) 400-3713

RENTAL HOUSING INSPECTION

PLEASE READ:

- All properties are held at the same standard (rented, owned, or being sold).
- All utilities must be on at the time of the initial inspection and property must be MOVE IN READY.
- The initial inspection application is valid for 30 days. Once the property passes inspection, the tenant has 90 days to obtain an Occupancy Permit. After 90 days, the inspection is NULL AND VOID and the inspection process begins again with the fee of **$100.00**.
- Tenants applying for occupancy permits will be responsible for applying and paying the amount of **$40.00** *(debit, credit, cash, and money orders are accepted)*.
- **Please understand that if the Occupancy Permit is not obtained before the new occupant moves into the property, that the property owner is in direct violation of Ordinance NO. 3724, and shall be subject to a fine of not less than $1.00 or more than $1,000, imprisonment no more than 90 days, or both, and may be adjudge to pay the cost of prosecution.**

All fields must be completed unless noted. PLEASE PRINT.

PROPERTY ADDRESS FOR INSPECTION

Address: _____
Number / Street / Unit

REQUEST SUBMITTED BY:

☐ Property Manager/Agent

☐ Other _____

INSPECTION TYPE

☐ Rental

☐ Lock Box # _____

PROPERTY MANAGER/AGENT/PROPERTY OWNER
(Must be within 50 miles of property)

1. Name: _____
   First Name / Last Name
2. Phone Number: _____
   (XXX) XXX-XXXX
3. Email: _____
   XXXXX@XXXXXXX.XXX
4. Address: _____
   Number / Street Name / Unit #
5. _____
   City / State / Zip

An inspector can enter a vacant property on a lock box only when there are no personal items and furniture present. Missed inspection fees will be charged on inspections that cannot be conducted because entry to the property is not provided at the time the inspector arrives at the property for the inspection.

MISSED INSPECTION FEE: A missed inspection fee of $50.00 will be charged when an inspection cannot be completed because the work is not ready or entry is not provided.

APPLICANT SIGNATURE

**By signing below, you state that the information provided on this application is truthful to the best of your knowledge, and you have read and understand the terms of service regarding this inspection.*

_____ _____ _____
Name (Printed) ***Signature*** ***Date***

Initial Inspection	**Date:**	**Time:**	**Pass ____**	**Failed ____**	**No One At Site ____**	**Inspector:**
1st Re-Inspection	**Date**	**Time**	**Pass ____**	**Failed ____**	**No One At Site ____**	**Inspector**
2nd Re-Inspection	**Date**	**Time**	**Pass ____**	**Failed ____**	**No One At Site ____**	**Inspector**
If 2nd Re-Inspection fails, a new inspection is required.						

CITY OF Berkeley MISSOURI
"A Planned Progressive Community"

TRASH FORM
ORDINANCE 4251, ADOPTED 11/16/2015
TO BE COMPLETED BY OWNER, LANDLORD, MANAGEMENT COMPANY, OR REPRESENTATIVE

INSPECTIONS DEPARTMENT
8425 Airport Road
Berkeley, MO 63134-2098

Republic Services is pleased to be your service provider for the collection of solid and yard waste services. The selected hauler is under contract with the City of Berkeley and has ensured us that our residents will get the best service possible.

Today's Date: _____ / _____ / _____ **Start of Service Date:** _____ / _____ / _____

PROPERTY ADDRESS FOR SERVICE: _____

Note: Property Owners or Representatives are responsible for all trash bills: **Initials:** _____

PROPERTY OWNER INFORMATION – *REQUIRED*

Property Owner's Name(s): _____

Senior Discount ***(Minimum Age Requirement – 62)*****:** ☐ **Yes** ☐ **No**

BILLING INFORMATION -*REQUIRED*

Billing Name: _____
(Must be Property Owner's Name)

Billing Address: _____

City, State & Zip: _____

Telephone: (_____) _____ - _____ **Email:** _____

Printed Name: _____ **Signature:** _____

Ord. 4251: *AN ORDINANCE REQUIRING ALL OWNERS OF RESIDENTIAL PROPERTY WITHIN THE CITY OF BERKELEY TO BE RESPONSIBLE FOR THE COST OF TRASH AND GARBAGE COLLECTION DURING THE TERM OF THEIR OWNERSHIP*. ***November 16, 2015***

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

This form shall be sent to ***REPUBLIC SERVICES*** *for* ***EACH new occupancy permit issued****.*
Attach to this form a copy of the valid landlord license, and a valid picture id of owner, landlord, management representative.

Berkeley Employee Initials: _____ Date Sent: _____ / _____ / _____

LANDLORD AUTHORIZATION FORM

CITY OF BERKELEY – 8425 AIRPORT RD, BERKELEY, MO 63134

Inspections: (314) 400-3713 Email: permitting@ci.berkeley.mo.us Fax: (314) 264-2074

Rental Occupancy Permit Fee: $40.00 (Debit/Credit, Money Order)

PLEASE READ IN ITS ENTIRETY:

THIS FORM IS TO BE COMPLETED BY PROPERTY OWNER OR DESIGNATED AGENT ONLY.

NO OCCUPANCY PERMIT WILL BE ISSUED WITHOUT THIS FORM FILLED OUT COMPLETELY AND SIGNED BY OWNER OR DESIGNATED AGENT.

THIS FORM MUST BE PRESENTED TO THE CITY PRIOR TO THE TENANT OBTAINING THEIR CERTIFICATE OF OCCUPANCY.

OCCUPANT MUST PROVIDE THE FOLLOWING:

A valid picture ID for all adults over the age of 18 *(State Issued Identification is required; for non-citizens, foreign identification will be accepted in the form of a valid passport for all occupants residing at the residence)* and Birth Certificates of all occupants under the age of 17.

The following persons are authorized to move in and occupy: Address: _____

Apt. #: _____ Apt. Complex Name: _____

Landlord Phone Number (including area code): _____ Cell____ Office____

LIST THE NAME OF HEAD OF HOUSEHOLD AND ALL OTHER AUTHORIZED PERSONS WITH DATE OF BIRTH, RELATIONSHIP TO HEAD OF HOUSEHOLD, AND THEIR SEX:

**********************FOR LANDLORD/AGENT USE ONLY*********************

NAME	*RELATIONSHIP	DATE OF BIRTH	SEX
	Head of Household		

*Relationship is defined as Head of Household, husband, wife, child, brother, sister, cousin, friend, or other. Falsifying this application can result in occupancy revocation and court action.

Every Room occupied for sleeping purposes by one (1) occupant shall have a minimum floor area of seventy (70) square feet; and every room occupied for sleeping purposes by more than one (1) occupant shall have a minimum floor area of fifty (50) square feet for each occupant thereof.

1). Each bedroom must have six (6) square feet of closet space opening into the bedroom with an operable door(s). 2). No sleeping room may be used by two (2) children of opposite sex beyond the age of five (5) years nor may a minor child sleep in the same room as his/her parents on a permanent basis over five (5) years of age. 3). No room may be classed as a bedroom or sleeping room on a permanent basis by use of a cot, rollaway bed, sofa bed, or any in-the-wall closet bed. 4). Bedrooms are not allowed in the basement of any single-family residence or townhome apartments.

_____ _____

PRINTED NAME OF AUTHORIZED PERSON **SIGNATURE OF AUTHORIZED PERSON**

_____

TITLE OF AUTHORIZED PERSON

This form is not valid unless filled out by the owner or authorized agent of the property. *Revised Ord. 4149 2/2015*

City of Berkeley Police Department

Crime-Free Lease Addendum. No owner of Rental Housing may rent or lease Rental Housing without requiring the tenant to sign a Crime-Free Lease Addendum as part of any lease executed after the effective date of this ordinance. The clause shall make criminal activity (not limited to violent criminal activity or drug related criminal activity engaged by, facilitated by or permitted by the renter, member of the guest or other party under the control of the renter) a lease violation authorizing eviction. The Owner shall have authority under the clause to initiate an eviction proceeding as specified in the Missouri Statutes. Proof by a preponderance of the evidence of the criminal violations shall be sufficient for purposes of eviction. The Crime-Free Lease Addendum shall be substantially as follows:

CRIME-FREE LEASE ADDENDUM

In addition to all other terms of the lease, landlord and tenant agree as follows:
The tenant, any member of the tenant's household, any guest or any other person or persons associated with the tenant or his or her household, common areas or appurtenances:

1 Shall not engage in any quasi-criminal or criminal activity as defined by local, state or federal law while on the licensed property or constituting a nuisance relating to such property as defined by applicable law;
2 Shall not engage in any act intended to facilitate any quasi-criminal or criminal activity and/or obstruct or resist law enforcement against criminal activity while on the licensed property or constituting a nuisance relating to such property as defined by applicable law;
3 Shall not permit and/or allow the dwelling unit, common areas or appurtenances to be used for or facilitate any quasi-criminal or criminal activity as defined by local state or federal law.

Should the tenant, any member of the tenant's household, any guest or any other person or persons associated with the tenant or his or her household, common areas or appurtenances violate any provisions stated herein, such a violation shall constitute material noncompliance with this lease and shall further constitute grounds for termination of tenancy and eviction.

Tenant(s)

Signature_____ Date_____

Signature_____ Date_____

Landlord, Property Manager or Property Owner

Signature_____ Date_____

RESIDENTIAL VIOLATIONS

RESIDENTIAL: SINGLE FAMILY ____1 STORY 2____ **APARTMENT/MULTI FAMILY ____**		**EMAIL:**
UTILITIES: WATER ____ON ____OFF	**ELECTRIC: ____ON ____OFF**	**GAS: ____ON ____OFF**
WEATHER:	**ARRIVE TIME:**	**DEPARTURE TIME:**
NUMBER OF BEDROOMS:	***SIZE:*** ***OCCUPANTS***	
TOTAL OCCUPANTS ALLOWED:	**BEDROOM 1 _____ X _____=_____SQ FT _____** **BEDROOM 2 _____ X _____=_____SQ FT _____** **BEDROOM 3 _____ X _____=_____SQ FT _____** **BEDROOM 4 _____ X _____=_____SQ FT _____**	

VIOLATIONS REPORTED: