



COVID-19 RESIDENTIAL INSPECTION QUESTIONNAIRE

Residential Inspection Permit Applicant Name: _____

Residential Inspection Permit Address: _____

For inspection of the inside of this residence, please answer the following questions:

1. Are you experiencing any of the following symptoms:

- Cough
- Cold
- Fever
- Difficulty Breathing or Shortness of Breath

2. Have you or anyone in your household had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?

- Yes
- No

3. Have you or anyone in your household been in close contact with anyone who has traveled within the last 14 days to areas with ongoing community transmission?

- Yes
- No

If the answer to any of these questions is "YES" then will not do inside inspections. If it is "NO" then we will do inside inspections.

PLEASE PRACTICE SAFE DISTANCING

WEAR A MASK

WEAR DISPOSABLE GLOVES

WASH HANDS OR USE HAND SANITIZER

Applicant's Signature _____ Date: _____



\$50 Inspection fee due with application
Includes initial inspection and one re-inspection
\$25 fee each subsequent inspection.

City of Warrenton
 200 West Booneslick
 Warrenton, MO 63383
 Phone: 636-456-3535 Fax: 636-456-1336
 www.warrenton-mo.org

Application for Residential Inspection Permit

(Please Print Clearly)

Street Address: _____

Applicant Name: _____ Phone: _____ Email _____
 (To email copy of completed permit)

Applicant Mailing Address: _____ City _____ State _____ Zip _____

Alternate Address: _____ City _____ State _____ Zip _____

Property Owner Name: _____ Phone: _____
 (If different than applicant name) Alternate Phone: _____

Payment must accompany application. Please make check payable to the City of Warrenton

Applicant's Signature _____ Date: _____

Print Name _____

THIS IS NOT A PERMIT. DO NOT OCCUPY THE PREMISES UNTIL THE PERMIT IS ISSUED.

Approved for
 _____ occupants

The names of ALL occupants are to be provided when the permit is issued.
 Any occupant 18 or older must provide copy of driver's license.
 Copy of lease page showing leasee's names – one leasee must complete section below

Name	Age	Phone Number if 18 or older

Occupant's Signature _____ Date: _____