



Department of Community Development

6801 Delmar Boulevard, University City, Missouri 63130, Phone: (314) 505-8500, Fax: (314) 862-3168

SCHEDULING INSPECTIONS

The Department of Community Development is continually striving to provide convenient and prompt options for scheduling inspections. **Typically, an inspection must be schedule at least three days in advance.** Please remember to always provide the following information when scheduling an inspection:

1. Your name
2. Your phone number
3. The project address
4. The inspection type requested
5. The permit number (if applicable)

Below is a list of the current options available for scheduling an inspection:

1. **NEW OPTION - E-mail:** Inspections can be requested via e-mail at inspections@ucitymo.org. Requests will be processed as soon as possible. Please provide a preferred date for the inspection and staff will schedule the inspection as close to the requested date as possible. A confirmation e-mail verifying the date and timeframe will be returned to the e-mail of the person making the request.
2. **Phone:** Inspections can be requested by telephone at 314-505-8500. Due to the high volume of calls, a customer service representative is not always available. In that case, a customer can leave a message, and a clerk will return the call as soon as possible.
3. **Fax:** Inspections can be requested via fax at 314-862-3168. Confirmation of the inspection date and timeframe will either be phoned or faxed.
4. **In person:** Inspections can be requested in person at the office of the Department of Community Development on the fourth floor of City Hall at 6801 Delmar Boulevard, University City, Missouri 63130 between the hours of 8am and 5pm, Monday through Friday (excluding observed holidays).

We appreciate your patience as we try to improve customer interaction. For your convenience an inspection request application is included on the opposite side of this page.



INSPECTION REQUEST FORM

Please complete the inspection request form below. The Department of Community Development will attempt to provide the requested inspection on the date and time requested. If staff cannot provide the requested time, the next time available will be substituted. Please schedule a minimum of 3 days before the requested inspection date.

REQUESTOR TO COMPLETE

All fields must be completed unless noted. Please print.

SITE ADDRESS

1: Address: _____
Number | Street | Unit

REQUESTED BY

2: Name: _____
First Name | Last Name

3: Phone Number: _____
(XXX) XXX - XXXX

4: E-mail (Optional): _____
XXXX@XXXXX.XXX

REQUESTED DATE / TIME

5: Date _____
Date

6: Time A.M. (Between 9am-12pm)
 P.M. (Between 1pm-4pm)

Please note: Inspections will be scheduled based on inspector availability. Typically, an inspection must be scheduled a minimum of three days in advance.

TYPE OF INSPECTION REQUESTED

TYPE	PERMIT NUMBER	INSPECTION TYPE
Building	_____	_____
Electrical	_____	_____
Mechanical	_____	_____
Plumbing	_____	_____
Fence	_____	_____
Pool Enclosure	_____	_____
Sign	_____	_____
Re-Inspection (Res)	_____	_____
Re-Inspection (Com)	_____	_____

Note: Multiple locations or permits can be attached to this request if needed.

SIGNATURE

Name (Printed)

Signature

Date

SCHEDULED INSPECTION INFO (FOR OFFICE USE)

Date: _____
Date

Scheduled by: _____
First Name | Last Name

Time: A.M. (Between 9am-12pm)
 P.M. (Between 1pm-4pm)

Date: _____
Date