

**Action Plan**

# City of St. Clair

1 Paul Parks Drive  
Phone: 636 629-0333  
Building Department  
Website: www.stclairmo.com

Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**For the Period:** \_\_\_\_\_

(Not to exceed 6 months)

**Building Address:** \_\_\_\_\_

<b>Violation</b> <i>(List of Violations from inspection report)</i>	<b>Tasks</b> <i>(what you need to do to repair or replace items cited in inspection)</i>	<b>Time Frame</b> <i>(by when you need to achieve the tasks)</i>	<b>Resources</b> <i>(What Resources you need for each task)</i>

**Corrective Action Plan**

<b>Violation</b> <i>(List of Violations from inspection report)</i>	<b>Tasks</b> <i>(what you need to do to repair or replace items cited in inspection)</i>	<b>Time Frame</b> <i>(by when you need to achieve the tasks)</i>	<b>Resources</b> <i>(What Resources you need for each task)</i>

**Approved By:** \_\_\_\_\_ (Signature)

**Date:** \_\_\_\_\_