



Department of Code Enforcement
 698 Burnham Dr.
 University Park, IL 60484-2708
 708/235-4818
 Fax: 708/534-4835

Application #

POINT OF SALE APPLICATION

Ordinance #1466

Fee: \$ _____
TO BE ENCLOSED OR ATTACHED (CERTIFIED FUNDS ONLY)

Date: _____
GOOD FOR 180 DAYS

THIS APPLICATION MUST BE SUBMITTED 10 DAYS PRIOR TO CLOSING OF THE SALE

OWNER, REPRESENTATIVE, OTHER (18 years of age or over)
MUST ACCOMPANY INSPECTOR DURING INSPECTION

IF LAST INSPECTION FOR SAME OWNER WAS WITHIN 180 DAYS, NO FEE REQUIRED!!
 GOOD FOR TWO INSPECTIONS ONLY

P.I.N. # _____ PLEASE PRINT

1. ADDRESS OF PROPERTY TO BE INSPECTED: _____
 2. STRUCTURE TYPE: SINGLE FAMILY _____ MULTI-FAMILY _____
 TOWN HOME _____ OTHER _____

3. SELLER(S) INFORMATION: NAME _____ ADDRESS _____
 (IF TRUST, INSTITUTION AND TRUST NO.)
 CITY, STATE, ZIP CODE _____
 HOME PHONE NUMBER _____ WORK PHONE NUMBER _____

4. BUYER(S) INFORMATION: NAME _____ ADDRESS _____
 (IF TRUST, INSTITUTION AND TRUST NO.)
 CITY, STATE, ZIP CODE _____
 HOME PHONE NUMBER _____ WORK PHONE NUMBER _____

5. TENANT NAME(S): _____

6. EMERGENCY CONTACT PERSON: _____ ADDRESS _____
 CITY, STATE, ZIP CODE _____ PHONE NUMBER _____

7. NUMBER OF BEDROOMS: _____ TOTAL UNIT SIZE _____
 (SQ. FT.)

8. PROPOSED USE: RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL _____ OTHER _____

SIGNATURE _____
 (OWNER, REPRESENTATIVE, OTHER)

FOR OFFICE USE ONLY

DATE RECEIVED _____ NAME _____ AMOUNT _____

DATE TO BE INSPECTED _____ TIME _____ INSPECTION LAST 180 DAYS: YES _____ NO _____