



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

Application # _____

RENTAL UNIT APPLICATION

Ordinance Chapter 1464

Fee: \$ _____
TO BE ENCLOSED OR ATTACHED (NO PERSONAL CHECKS)

Date: _____

THIS APPLICATION MUST BE SUBMITTED 10 DAYS PRIOR TO OCCUPANCY

**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

PLEASE PRINT

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

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

4. TENANT NAME(S): _____ PHONE NUMBER _____

5. MANAGEMENT COMPANY: NAME _____ ADDRESS _____
 CITY, STATE, ZIP CODE _____ PHONE NUMBER _____

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

7. DATE TO BE OCCUPIED: _____ 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 _____ FEE AMOUNT _____

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