



BUILDING DEPARTMENT  
 350 VICTORY DRIVE, PARK FOREST, IL 60466  
 708-503-7703

REQUIRED BY VILLAGE OF PARK FOREST  
 CODE OF ORDINANCES SECTION 18-255

Application for Change of Occupancy Inspection

# FOR RENTAL OCCUPANCY

**PLEASE CHECK ONE:**

Housing Choice Voucher Program (Section 8)

Rental

FEE SCHEDULE:	\$100.00	Single Family Unattached & Attached (Condo)	QUICK CODE 196
	\$50.00	Multi Family	QUICK CODE 197

- ⇒ A COPY OF THE SIGNED AND DATED LEASE MUST BE PROVIDED AT THE TIME OF APPLICATION
- ⇒ ALL UTILITIES MUST BE ON BY THE DATE OF THE INSPECTION
- ⇒ A MINIMUM OF 7 DAYS IS REQUIRED TO SET UP AND RECEIVE AN APPOINTMENT FOR INSPECTION
- ⇒ DWELLING MUST BE VACANT AND READY FOR INSPECTION
- ⇒ WRITTEN VERIFICATION OF COMPLIANCE FOR CRIME FREE HOUSING FROM THE PF POLICE DEPARTMENT

**ADDRESS OF PROPERTY TO BE INSPECTED:** \_\_\_\_\_

Name of **Property Owner** \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Address of **Property Owner** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address of **Property Owner** \_\_\_\_\_

**OWNER OR AGENT MUST BE PRESENT FOR INSPECTION.**

AGENT FOR OWNER:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

⇒ **Date of Occupancy** \_\_\_\_\_

⇒ **Total Number of Occupants** \_\_\_\_\_

FOR BUILDING DEPARTMENT USE ONLY			
Application processed by: _____			
<input type="checkbox"/> Ledger	<input type="checkbox"/> Crime Free	<input type="checkbox"/> Lease	
<input type="checkbox"/> Landlord List	<input type="checkbox"/> BS&A		
Inspection Date _____	<input type="checkbox"/> P	<input type="checkbox"/> F	
Reinspection Date _____	<input type="checkbox"/> P	<input type="checkbox"/> F	
CERT OF OCC <input type="checkbox"/> KF	<input type="checkbox"/> JM	<input type="checkbox"/> EM	
CO _____	<input type="checkbox"/> BS&A	<input type="checkbox"/> Ledger	Entered by: _____
WATER DEPARTMENT			
Checked by: _____		Date _____	

**NAME PROSPECTIVE OCCUPANTS:**

\_\_\_\_\_

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS IN, OR FALSIFICATIONS OF THE STATEMENTS WRITTEN IN THIS APPLICATION. I AM AWARE THAT, SHOULD INVESTIGATION DISCLOSE SUCH EVIDENCE, MY APPLICATION WILL BE REJECTED AND I MAY BE SUBJECT TO A FINE.

Signature \_\_\_\_\_

Date \_\_\_\_\_