



CITY OF CALUMET CITY
670 Wentworth Avenue
Calumet City, IL 60409
708-891-8120

**Department of
Inspectional
Services**

For Office Use

Check #: _____

Cash: _____

Date: _____

Processed By: _____

APPLICATION FOR CODE COMPLIANCE INSPECTION
Rental Inspection Ordinance #04-42

ADDRESS OF BUILDING: _____ Calumet City, IL

LEGAL OWNER: NAME: _____ PHONE # _____
(Incomplete names not accepted)

ADDRESS: _____ CELL PHONE # _____
Primary Home Address (P.O. Box addresses not accepted)

CITY: _____ STATE: _____ ZIP: _____

IF OWNER OCCUPIES BUILDING, WHICH UNIT DOES THE OWNER OCCUPY? _____

AGENT: NAME: _____ PHONE # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

- FEE SCHEDULE:
1. \$50.00 Yearly for one (1) unit.
 2. \$10.00 each additional, including any owner occupied unit.
 3. All inspection fees shall be paid prior to issuance of inspection date.

TOTAL NUMBER OF UNITS IN THE BUILDING: _____

MONTH/YEAR YOUR ANNUAL CODE COMPLIANCE INSPECTION IS DUE: _____

Month/Year is marked on the Application Letter you received or verify with Housing Dept.

PLEASE MAKE CHECKS PAYABLE TO: CITY OF CALUMET CITY

I hereby certify that:

1. The data submitted in this application is an accurate representative of information
2. I understand that submission of this application and payment of the fee does not constitute official compliance of this ordinance until inspection by authorized personnel and a certificate of occupancy is received from the City of Calumet City. Scheduling of initial appointment for compliance and rescheduling of any cancelled or missed appointments are my responsibility. 708-891-8206 or 708-891-8120
3. I understand it is my obligation to assure that tenants have consented to the inspection.

Failure to comply with this policy may result in a fineable ticket up to \$750.00 per day.

DATE: _____ SIGNATURE: _____

This form has been downloaded from the website at www.calumetcity.org

Please remember to keep a copy of this application for your records prior to submitting.