

City of Calumet City
Department of Inspectional Services
708/891-8120

POINT OF SALE NOTICE OF INTENT TO TRANSFER PROPERTY

The property is being offered for sale/transfer and the undersigned, as the owner or authorized agent, hereby requests the City of Calumet City to inspect the premises hereinafter described, both interior and exterior, or hereby refuses to consent to said inspection, as required by the Municipal Code of Calumet City. Applicant acknowledges that a copy of the Point of Sale Inspection Ordinance (14-1) is available upon request from the Clerk's Office of Calumet City, Illinois or on-line at www.calumetcity.org. I (owner/authorized agent) acknowledge I have the right to refuse consent to inspect the property, in which case the City may seek a warrant (*within ten days of this signed notice*) to conduct the inspection.

Property Address: _____, Calumet City, Illinois 60409
Current Owner(s)' Name(s): _____ Home/Cell Phone: _____
Current Owner(s)' Address: _____ Business Phone: _____

If land trust, identify all beneficiaries with names and addresses on an attached sheet*

Property Index Number (P.I.N.) of all associated property: _____

Property Type: Residential _____ Commercial _____ Multifamily _____ (No. of Units) _____

Names and addresses of tenants (*attach name(s) and consent of tenant(s) on attached sheet, or attached pertinent lease provision*)

Listing Broker: _____ Company _____ Phone _____

Selling Broker: _____ Company _____ Phone _____

Prospective buyer (include all buyers to prospective deed)* _____

Buyer's Current Address: _____

Will the buyer occupy the property? Yes _____ No _____ Buyer's Phone: _____

Buyer's Lending Institution _____ Phone: _____

Date of Closing _____ Contract Price \$ _____ Loan: FHA/HUD ___ Conven. ___ Cash ___

Owner/Authorized Agent: **I consent to the Point of Sale Inspection.**

Signature: _____ Date: _____

Owner/Authorized Agent: **I refuse to consent to the Point of Sale Inspection.**

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

Zoning: _____ Survey Attached? Yes _____ No _____

Scheduled Inspection Date: _____ Inspector's Initials _____
(Upon consent of inspection, schedule within 28 days of this signed notice.)

Inspectional Service Clerk: _____ Fee: \$ _____

Fee Paid By (*Circle One*) Cash Check Credit Card Date: _____

Amount \$ _____ Clerk's Office Signature: _____

Single-Family: \$150.00 (each additional unit is \$25.00) Commercial: \$0.20 per sq. ft. (\$150.00 minimum)

FEES: Point of Sale Inspections

\$150.00	All single-family residential buildings for the initial inspection and one re-inspection.
\$ 25.00	Each additional unit for multi-family buildings
\$ 0.20 sq.ft.	All commercial and industrial buildings with the minimum fee of \$150.00
\$ 50.00 per unit	Additional follow up inspections on all buildings after the initial and first re-inspection and missed appointments.

All Point of Sale Inspections are valid for a period of not more than 180 days (six months) from the date of the initial inspection.

The Calumet City Point of Sale Ordinance (Section 14.1) and any amendments to said Ordinance is available upon request from the City Clerk's Office or on-line at www.calumetcity.org.

Codes:

1. City of Calumet City Point of Sale Ordinance
2. City of Calumet City Administrative Provisions Ordinance
3. 2003 International Fire Code
4. 2004 Illinois Plumbing Code with Local Amendments
5. 2011 Chicago Electrical Code with Local Amendments
6. 2006 International Mechanical Code
7. 2006 International Building Code
8. 2006 International Residential Code
9. 2006 International Property Maintenance Code (IPMC)

Required Documents For Real Estate Transfers:

1. Real Estate Transfer Declaration Form (see attached)
2. 2 Copies of Deed
*IF PROPERTY IS FORECLOSED, MUST HAVE JUDICIAL DEED
3. Consent to Accept Form (see attached)
4. Liens, tickets/violations must be paid prior to transfer of property

Final Water Bill:

It is the responsibility of the seller to comply with the following:

1. Request a final water meter reading at **least four days prior** to the closing of the property.
2. The final water bill **must be paid** before the transfer stamps will be issued.
3. Payment of the final water bill must be paid in **cash, cashier's check, or money order**. **No personal checks** will be accepted as payment.

Make final water bill payment to:

City of Calumet City
Water Billing Department
204 Pulaski Road
Calumet City, Illinois 60409
708/891-8121

**CONSENT TO ACCEPT A CONDITIONAL CERTIFICATION OF COMPLIANCE
TO BE EXECUTED BY BUYER(S)**

Whereas, the City of Calumet City enacted an ordinance authorizing a Point of Sale Inspection for the sale of all one-family, two-family, and Multi-family dwelling unit structures and/or commercial and industrial structures within the City of Calumet City; and

Whereas, the Ordinance in Section 14-1 provides that the Buyer may agree to accept the responsibility of bringing the structure into compliance with all applicable code requirements within a period not to exceed one hundred and eighty (180) days after the closing of the transaction and a **CONDITIONAL CERTIFICATION OF COMPLIANCE SHALL BE ISSUED IN ORDER TO ALLOW THE TRANSACTION (CLOSING) TO BE COMPLETED.**

Pursuant to that provision of said Ordinance, the Buyer(s), hereinafter delineated below, does hereby execute an agreement with the City of Calumet City that the Buyer(s) shall be required to comply with all building code requirements of the City of Calumet City as provided in that certain Pont of Sale Inspection in order to grant such **CONDITIONAL CERTIFICATION COMPLIANCE**. In the event the Buyer(s) fail to take such action, the City of Calumet City shall be entitled to seek all remedies at law against the Buyer(s) who have executed this agreement. It is the responsibility of the Buyer(s) to see that this **CONDITIONAL CERTIFICATION OF COMPLIANCE** is fully complied with, within the time limit provided herein.

The Buyer(s) acknowledges the **CONDITIONAL CERTIFICATION OF COMPLIANCE**, which they have executed this date, was given solely on the consideration to allow the closing to take place. Further, the Buyer(s) acknowledges the responsibility to complete all requirements pursuant to the **CONDITIONAL CERTIFICATION COMPLIANCE** and acknowledges that they have received a copy of the Point of Sale Inspection completed by the City of Calumet City. Failure to abide by this **CONDITIONAL CERTIFICATION OF COMPLIANCE** will result in further action by the City of Calumet City, as so described in the Ordinance. It is the responsibility of the Buyer(s) to obtain a final inspection within the above time frame of 180 days.

The Buyer(s) executes this document by his/her own hand on this ____ day of _____ 20____

Property Address: _____, Calumet City, IL 60409, State of Illinois

Date of Closing: _____ Compliance No. _____ County of Cook

This instrument was acknowledged before me on _____

By _____

Signature of Notary Officer

(Notary Stamp)

Buyer(s) – Print

Buyer(s) – Original Signature Only Accepted

**THIS PROPERTY CAN NOT BE RESOLD OR TRANSFERRED UNTIL THE
ABOVE INSPECTION IS FINALIZED
NO EXCEPTIONS!**

Michelle Markiewicz Qualkinbush
Mayor



Nick Manousopoulos
Building Commissioner

CITY OF CALUMET CITY-DEPARTMENT OF INSPECTIONAL SERVICES
PHONE: 708-891-8120
FAX: 708-891-2128 -EMAIL: DIS@CALUMETCITY.ORG

INSPECTION REFUSAL-BUYER'S ACKNOWLEDGEMENT

I, _____, acknowledge that the property located at _____,
Calumet City, IL 60409 has not been inspected.

I will not hold the City of Calumet City liable for any repairs or issues resulting from the inspection refusal.

Buyer's Name (printed): _____ Date: _____

Buyer's Signature: _____

This instrument was acknowledged before me on _____ by _____

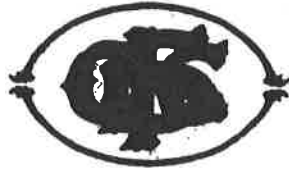
Notary Signature

Notary Stamp

Calumet City Fire Department

Mayor

Michelle Markiewicz Qualkinbush



Fire Chief

Glenn Bachert

Welcome to Calumet City!

On behalf of the Calumet City Fire Department, thank you for choosing to open your business in Calumet City. As part of starting your business, you will be required to complete several inspections based on the type of business you are opening, building construction and size, and fire load. The Fire Department conducts an inspection as a part of this process and below are some of the basic items our department will be looking for in your initial inspection.

Fire Extinguishers – Extinguishers must be installed and maintained per NFPA 10 and the 2003 International Fire Code. This means that extinguishers shall be inspected and tagged on an annual basis by a licensed technician. (2003 IFC, section 906)

Illuminated Exit Lights with Emergency Power – exit signs shall be present and illuminated for all exits. Emergency power for exits lights shall last not less than 90 minutes. (2003 IFC section 1011)

Emergency Lighting - Units must be present and activate with loss of power or through manual test button. Lights shall last not less than 90 minutes. (2003 IFC, section 1006)

Fire Alarm and Detection System – System shall be present and in working condition when required. (2003 IFC, section 907)

Fire Protection Systems – Protection systems must be installed and maintained per NFPA 13 and the 2003 International Fire Code. This means that protection systems shall be inspected and tagged on an annual or semi-annual basis by a licensed technician. Protection systems also shall be reported through “Compliance Engine” by the licensed technician. (2003 IFC, section 903)

Exits – Exit doors shall be clearly marked, accessible, and unlocked during hours of operation. (2003 IFC, section 1007)

Other points of interest in Fire Department Inspection:

- Proper storage of flammable materials
- Excessive use of extension cords
- Open holes in wall and ceiling covering.
- Completion on Emergency Contact information

The Fire Department should be contacted with any questions regarding business' requirements. The Fire Department should be contacted after all other City inspections are complete but prior to opening your business. Appointments may be made by calling 708-891-8145.

684 Wentworth Avenue · PO Box 1519 · Calumet City, Illinois · 60409-3241

Phone: 708.891.8145 · Fax 708.891.3241

E-MAIL: firedept@calumetcity.org

DOCUMENTS NOT REQUIRING A FOI REQUEST CALUMET CITY, IL.

To obtain any **Property Index Number (PIN)** please visit the Cook County Assessor's website at <http://www.cookcountyassessor.com>

To obtain any property **ownership** information – **deed** information – **lien** information – **mortgage** information – **foreclosure** information – property **legal description** – or any **other property related information** please visit the Cook County Recorder of Deeds' website at <http://cookrecorder.com>

To obtain any property **tax information** or **tax exemption** information please visit the Cook County Treasurer's website at <https://www.cookcountytreasurer.com>

To obtain any **Calumet City water information, including billing information**, please visit the Calumet City Water Department at 204 Pulaski Road or call (708) 891-8155

To obtain any information relating **Calumet City property inspections, permit information, or Calumet City violations or citations**, please visit the Calumet City Inspectional Services Department at 670 Wentworth Avenue or call (708) 891-8120

To obtain any **outstanding monies owed on a property** to the City of Calumet City and **bid information or awards** please visit the Calumet City Clerk's Office at 204 Pulaski Road or call (708) 891-8116

For **Calumet City Ordinances and Calumet City Zoning Regulations** please visit the Calumet City Website at https://library.municode.com/il/calumet_city/codes/code_of_ordinances

For **Meeting Minutes of the Calumet City Council** please visit the Calumet City website at <http://calumetcity.org/city-council-committe-meeting-minutes>

For **Meeting Agendas of the Calumet City Council** please visit the Calumet City website at <http://calumetcity.org/city-council-meeting-agendas>

**REAL ESTATE
TRANSFER DECLARATION**
(Transfers up to & including \$2 million)

Stamp No. _____
(Revenue Stamps to be Affixed to Deed)

Date Issued _____

Water Balance _____

Inspectional Serv. _____

Date of Deed _____

Type of Deed _____

It is recommended that transfer stamps
be picked up at least 48 hours in advance.
Allow at least a half hour to process.

READ BACK OF THIS APPLICATION

PLEASE NOTE:
The cost of the stamp is:

\$4.00 per \$1,000 or part thereof	Buyer's expense
\$4.00 per \$1,000 or part thereof	Seller's expense
TOTAL \$8.00 per \$1,000 or part thereof	

CITY OF CALUMET CITY
OFFICE OF THE CITY CLERK
NYOTA T. FIGGS
(708) 891-8110

Monday-Friday 9:00 a.m. - 5:00 p.m.

Address of Property _____
Calumet City, IL 60409 Thornton Township
(if property is a vacant lot, please attach legal description)

Full action consideration	TO BE PAID BY Certified Check Money Order or Cash ONLY	\$ _____
Less amount of personal property included in purchase		\$ _____
Net consideration for real estate		\$ _____
Net taxable consideration to be covered by stamps		\$ _____
TOTAL Amount of tax stamps paid by: (CIRCLE ONE) SELLER BUYER BOTH		\$ _____

If EXEMPT: Transaction is exempt under paragraph _____ of Sec. 82-323 of the Calumet City Municipal Code.

We hereby declare the full actual consideration and above facts contained in this declaration to be true and correct.

The person executing this signature block swears and affirms under penalty of perjury that the information is true and correct. Failure to comply with this provision may result in prosecution.

PRINT NAME: _____ SIGN _____

<p>Name & Address of Seller/Owner/Grantor: _____ Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____</p>	<p>If Exempt, Copy of Deed Must Be Submitted.</p>	<p>Name & Address of Buyer/Grantee: _____ Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____</p>
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Agent's Name & Company Name _____

Agent must be a licensed attorney and/or
licensed broker/realtor or the owner of record.
In the event the party requesting is an agent,
please put your bar number and/or broker's
license number below your name.

Bar and/or Broker's License # _____
(CIRCLE ONE)
Address _____
City _____ State _____
Zip _____ Phone # _____