



**CITY OF CALUMET CITY**

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

**Department of  
Inspectional Services**

**Office Use Only**

Inspection date/time: \_\_\_\_\_

Inspector Initials: \_\_\_\_\_

Clerk Initials: \_\_\_\_\_

**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: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

IF OWNER OCCUPIES BUILDING, WHICH UNIT DOES THE OWNER OCCUPY? \_\_\_\_\_

AGENT: NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

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.
  4. Additional inspection fees will apply beyond 2 inspections.

**TOTAL NUMBER OF UNITS IN THE BUILDING:** \_\_\_\_\_

**MONTH/YEAR YOUR ANNUAL CODE COMPLIANCE INSPECTION IS DUE:** \_\_\_\_\_  
PLEASE MAKE CHECKS PAYABLE TO CITY OF CALUMET CITY

**I hereby certify that:**

1. The data submitted in this application is an accurate representation 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, Office Hours 8am - 4pm Monday thru Friday, 708-891-8120
3. I understand it is my obligation to assure that tenants have consented to the inspection.
4. Failure to comply may result in a fineable ticket up to \$750.00 per day.
5. There will be a \$50.00 rescheduling fee if appointment is cancelled within 24 hours of appointment.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Thank you for your cooperation and helping keep Calumet City a clean and safe community!