

Print Name

## Residential Occupancy Permit Application Community Development Department

Community Development Department 255 South Lincoln Avenue O'Fallon, IL 62269 (618)624-4500, Ext. 4 Fax: (618) 624-4534

PM-			
	Fee:	\$50.00	

Property to be inspected One Unit per Ap	plication			
Street Address:	Unit Number:			
<b>Property is/will be:</b> □ Owner Occupi	ed   Tenant Occupied   Unknown			
Swimming Pool: $\square$ Yes $\square$ No	<b>Lawn Irrigation System:</b> □ Yes □ No			
Number of Bedrooms:	Square Footage Greater Than 2500 Sq Ft?: $\square$ Yes $\square$ No			
Property Owner (REQUIRED)				
Name:				
Address:				
City:	State: Zip:			
Phone:	Alternate Phone:			
Mobile :	Fax:			
Applicant (MUST BE OWNER, PROPERTY MANAGEMENT CO. OR REALTOR)				
Name:				
Address:				
City:	State: Zip:			
Phone:	Alternate Phone:			
EMAIL (DO NOT MAIL) CORRESPONDE	NCE TO:			
no application will be processed or inspection como 'Fallon") and that I will schedule the inspection of be made by either calling 624-4500, extension 4 or responsible for ensuring the unit is available with a inspection fee of \$35.00 will be required for failure completed. Any repeat of the two previously lister by City Ordinances. I am responsible for having a	norized to submit an application for the Residential Occupancy Permit. I understand ducted until making full payment of \$50.00 per unit (check payable to "City of within 7 days of the paid stamp on this application. Inspection appointments can through the Community Development Department, 2 <sup>nd</sup> floor of City Hall. I am also all utilities turned on for inspection and that all fees are paid. An additional to show up for an inspection without notification and if required work was not distributions will require a \$50.00 re-inspection fee. Subject to all fees as approved by violations corrected in order to obtain the Occupancy Permit and meet the ance within thirty (30) days of occupancy or sale. Failure to comply with any of on and/or fines.			

**Applicant Signature**