



**RENTAL
UNIT
INSPECTION
REQUEST**

Building Department

255 Mooney Drive

Bourbonnais, IL 60914

815-937-3575 • Fax 815-937-3574

building@villageofbourbonnais.com

www.villageofbourbonnais.com

DATE: _____

OWNER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ CELL #: _____

BUSINESS #: _____ HOME #: _____

ADDRESS OF RENTAL UNIT: _____

SINGLE FAMILY _____ DUPLEX _____ TOWNHOUSE/CONDO _____ APARTMENT _____

NUMBER OF UNITS: _____ NUMBER OF BEDROOMS: _____ NUMBER OF OCCUPANTS: _____

NUMBER OF PARKING PLACES: _____ DUMPSTERS ON PROPERTY: YES _____ NO _____

DATE REQUESTED FOR INSPECTION: _____ TIME: _____

SIGNATURE

DATE

- **INSPECTION FEE = \$35.00 PLUS \$10.00 FEE FOR EACH UNIT THEREAFTER PER BUILDING**

DO NOT WRITE BELOW THIS LINE (Office Use Only)

AMOUNT COLLECTED: _____ BY: _____ DATE: _____

CHECK #: _____ CASH: _____ CC AUTHORIZATION #: _____

INSPECTION COMPLETED BY: _____ PASS: _____

CORRECTIONS NEEDED: _____