



Building Department  
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**RENTAL  
UNIT  
INSPECTION  
REQUEST**

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: \_\_\_\_\_