



APPLICATION FOR RESIDENTIAL OCCUPANCY PERMIT
 Department of Community Development
 (618) 346-5200 Ext 3 or ksapaw@collinsvilleil.org
 Permit Fee \$50.00

PERMIT NO: _____

PROPERTY TO BE INSPECTED: _____

| | |
|--|--|
| Property is: <input type="checkbox"/> Sale <input type="checkbox"/> Rental <input type="checkbox"/> Sale of Rental | Property is As-Is Sale: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number of Bedrooms: _____ | Landlord License: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Water Utility Active: <input type="checkbox"/> Yes <input type="checkbox"/> No | Basement Finished: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial |
| Electric Utility Active: <input type="checkbox"/> Yes <input type="checkbox"/> No | Swimming Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gas Utility Active: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Inspection size greater than 2000 Sq. Ft: <input type="checkbox"/> Yes <input type="checkbox"/> No |

PROPERTY OWNER:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ OTHER PHONE: _____

EMAIL (required): _____

APPLICANT: MUST BE PROPERTY OWNER // PROPERTY MANAGEMENT // REALTOR

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ OTHER PHONE: _____

EMAIL (required): _____

CONTACT: PROPERTY OWNER // APPLICANT // OTHER

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ OTHER: _____

EMAIL (required): _____

Office Use Only - INSPECTION DATE/TIME: _____

I, the undersigned, do hereby certify that I am authorized to submit an application for the Residential Occupancy Permit. I attest that there are no life safety violations prior to any tenant occupying the unit. I understand no application will be processed or inspection conducted until making full payment of \$50.00 per unit and that I will schedule the inspection within 7 days of the paid stamp on this application. Inspection appointments can be made by either calling 346-5200 ext. 3, or to the, 1st floor of City Hall. I am also responsible for ensuring the unit is available with all utilities turned on for inspection and that all fees are paid. **I am responsible for having any violations corrected in order to obtain the Occupancy Permit and meet the minimum requirements as declared by City Ordinance within thirty (30) days of occupancy or sale. Failure to comply with any of the above requirements may result in a civil citation and/or fines. I the owner/agent must call for the re-inspection for any denied occupancies.**

 Applicants Signature

 Date