



109 W. Bangs Street, Wauconda, IL 60084
Phone: 847-526-9609 • Fax: 847-526-8967

APPLICATION FOR RESIDENTIAL DWELLING INSPECTION

REAL ESTATE SALE RENTAL TRANSFER CASE #: _____

Application Date: _____ Property Closing/Transfer Date: _____

Property Address: _____ Unit #: _____

Owner of Property: _____ Phone: _____

Owner Mailing Address: (if different from above) _____

of Bedrooms: _____ # of Bathrooms: _____ Basement: [] yes [] no

- A fee of \$75.00 for each separate dwelling unit to be inspected is required.
Owner must contact Public Works at (847) 526-9610 for a final water meter reading

Inspections are performed Monday through Friday, from 7:00 am to 3:00 pm by appointment only.

1st Inspection Date: ____/____/____ Time: _____ am/pm [] Pass [] Fail [] Authorized Pending Repairs

2nd Inspection Date: ____/____/____ Time: _____ am/pm [] Pass [] Fail [] Authorized Pending Repairs

I hereby authorize and consent to the Village of Wauconda Building and Zoning Department's on-site inspection of the building/premises located at the address indicated at the top of the form on a scheduled date and time. I grant this authorization and consent freely and voluntarily, without any threats or promises having been made to me.

Under penalties as provided by law pursuant to 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this application are true and correct, except as to matter therein stated to be on information and belief, and except as to such matters, the undersigned certifies as aforesaid that he verily believes the same to be true.

Owner/Agent/Occupant: _____ Date: _____
Signature

Scheduling Contact: _____ Phone: _____
Printed Name

Payment: [] Cash [] Check #: _____ Date Received: _____