

Village of Wauconda Building, Zoning & Economic Development Department

109 W. Bangs Street, Wauconda, IL 60084 ♦ Ph: 847-526-9609 ♦ Fax: 847-526-8967 ♦ e-mail: BZ@wauconda-il.gov

APPLICATION FOR RESIDENTIAL DWELLING INSPECTION

REAL ESTATE SALE RENTAL TRANSFER CASE #: _____

Application Date: _____ Property Closing/Rental Transfer Date: _____

Property Address: _____ Unit #: _____

Owner of Property: _____ Phone: _____

Owner Mailing Address: (if different from above) _____

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

- ▶ **A \$95.00 fee is required for each separate dwelling unit to be inspected. Fee Includes one re-inspection, if needed. If dwelling fails the 2nd inspection, a \$35 fee is required for a 3rd inspection.**
- ▶ **Power and water must be turned on prior to inspection. Dwelling cannot be winterized.**
- ▶ **Owner must contact the Utility Billing Clerk at (847)526-9604 for a final water meter reading.**

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 will pick up Certificate of Compliance Fax Certificate to _____

E-mail Certificate to (please print clearly): _____

Scheduling Contact: _____ Phone: _____
Printed Name

Owner/Agent: _____ Date: _____
Signature Required

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For office use only

1st Inspection Date: ____/____/____ Time: _____ am/pm Pass Fail _____
Inspector signature

2nd Inspection Date: ____/____/____ Time: _____ am/pm Pass Fail _____
Inspector signature

3rd Inspection Date: ____/____/____ Time: _____ am/pm Pass Fail _____
(Re-inspection fee required) Inspector signature

\$95 Fee: Cash E-Pay #: _____ Check #: _____ Date paid: _____

\$35 for 3rd Inspection Fee, if required: Cash Check #: _____ Date paid: _____

Collected by: _____, Wauconda Building & Zoning Department