



# VILLAGE OF RIVERDALE

157 West 144th Street ● Riverdale, Illinois ● 60827  
Village Hall (708) 841-2200  
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www.villageofriverdale.net

Inspection Date: \_\_\_/\_\_\_/\_\_\_  
Fee Paid \_\_\_/\_\_\_/\_\_\_  
Amount Paid: \$\_\_\_\_\_  
Initials: \_\_\_\_\_

## OCCUPANCY PERMIT APPLICATION

BUILDING ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_ FLOOR \_\_\_\_\_

APPLICATION FOR (check one):  Single-Family Home/Townhouse  Apartment Unit

### OWNER INFORMATION

BUILDING OWNER \_\_\_\_\_

OWNER ADDRESS (NO PO BOXES) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
NO. AND STREET CITY STATE ZIP

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
NO. AND STREET CITY STATE ZIP

### OWNER PHONE AND CONTACT INFORMATION:

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ FAX # \_\_\_\_\_

E-MAIL \_\_\_\_\_

### MANAGEMENT INFORMATION

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

### TENANT INFORMATION

TENANT NAME \_\_\_\_\_ PROPOSED DATE OF OCCUPANCY \_\_\_\_\_

PHONE: DAY \_\_\_\_\_ NIGHT \_\_\_\_\_

### Terms and Conditions

Completing this application does not guarantee that you will receive an Occupancy Permit. You must comply with obtaining a Rental License each year in order to rent.

Upon your initial rental inspection, you will have forty-five (45) days from that date to complete all repairs and schedule your re-inspection or your initial inspection will expire. If all violations have not been repaired upon your re-inspection, you must re-apply for an Occupancy Permit and pay all associated fees.

Occupancy Permits are valid for sixty (60) days. If no renter takes occupancy in the above listed home or apartment within sixty (60) days, you must apply and pay for a new Occupancy Permit.

Occupancy Permits must be applied for between each tenant.

Failure to obtain an Occupancy Permit before renting to a new tenant will result in a minimum \$300.00 fine. Fines can be issued each day you are not compliant.

**By signing below, you acknowledge that you understand and agree to all the above conditions.**

Applicant Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_