# Village of Riverdale

157 West 144th Street ● Riverdale, Illinois ● 60827
(708) 841-2200 ● Fax (708) 841-7587
www.villageofriverdale.net

Re-Inspection Date _____/_____/_____
Fee Paid _____/_____/_____
Amount Paid: $_____
Initials: _____

## RE-INSPECTION FEES

**PROPERTY ADDRESS** _____ **APT #**_____ **FLOOR**_____

| | | |
|---|---|---|
| ☐ **Point of Sale Application** | **$220 (single family home)** | |
| ☐ **45-day affidavit** | **$220** | |
| ☐ **Rental Inspections** | **$55 per unit** | |
| ☐ **Single/Multi-Family** | **Varies** | **$_____ (based upon sq ft)** |
| ☐ **Business/Fire Inspections** | **Varies** | **$_____ (based upon sq ft)** |
| ☐ **Miscellaneous Inspections** | **Varies** | **$_____ (based upon sq ft)** |

**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** _____

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**Terms and Conditions**

**These fees have been charged due to not passing, no showing or time expiring on original payment of application (after 6 months from original date). Should you fail this re-inspection fee, additional fees will be assessed.**

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

**Applicant Printed Name:** _____

**Applicant Signature:** _____

**Date:** _____