

**APPLICATION FOR CERTIFICATE OF COMPLIANCE  
SANITARY AND STORM SEWER INSPECTION  
HOME INSPECTION PROGRAM**



Applicant Information

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

Owner's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Contact Telephone Number \_\_\_\_\_

Address of Premises to be Inspected \_\_\_\_\_

Premises are improved with a Single Family Dwelling \_\_\_\_\_ Two Family Dwelling \_\_\_\_\_

Proposed Closing Date \_\_\_\_\_

*Final water bill needs to be paid in full prior to closing. Please contact Water Billing  
847-810-3620 to schedule final reading.*

Is the home currently occupied? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the home is not occupied, how long has it been since someone was in the home; living, working or  
any other activity? \_\_\_\_\_

Individual Owner

I, the fee title owner of the above-listed premises, request an inspection of such premises by the  
Director of Community Development of the City of Lake Forest, or the Director's designee, as  
provided in Section 44-51(2) of the City Code of Lake Forest, 1971, as amended.

Signed: \_\_\_\_\_

Corporation/Entity

I, as a duly authorized representative of \_\_\_\_\_, fee title owner of the  
above-listed premises, request an inspection of such premises by the Director of Community  
Development of the City of Lake Forest, or the Director's designee, as provided in Section 44-51(2) of  
the City Code of Lake Forest, 1971, as amended.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Deliver application and payment  
in the amount of \$150.00 to

The City of Lake Forest  
Attn: Community Development  
800 Field Drive  
Lake Forest, Illinois 60045  
(847) 810-3509

*(For Office Use Only)*

Application #	Received On:
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