

THE CITY OF LAKE FOREST

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



Applicant Information

Date: _____

Owner's Name _____

Mailing Address _____

Daytime Telephone Number _____

Evening 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.

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

(For Office Use Only)

Application #	Received On:
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11/8/2019