

CITY OF PROSPECT HEIGHTS

Building Department

8 North Elmhurst Road

Prospect Heights, IL 60070-1568

Tel: 847/398-6070, extension 211 FAX: 847/590-1854

Owner's Name	_____
Owner's Address	_____
City, ST, ZIP	_____

RENTAL DWELLING REGISTRATION - YEAR

SINGLE-FAMILY TOWNHOME: APT. BLDG.

CONDOMINIUM UNIT # _____ COMPLEX _____

(Please check ✓ the appropriate box)

PROPERTY ADDRESS: _____ NO.# OF APTS: _____

OWNER'S HOME ADDRESS: _____

HOME Tel#: _____ WORK # _____ CELL# _____

If Corporation or Partnership, please provide above information for all Officers/Partners.

(If the owner is unable to attend the inspection, please provide a contact name/phone number for the person who will be meeting the City Inspector on the date of the inspection). Also please include your check with this form, and mail to the City of Prospect Heights.

PER ORDINANCE NO. 0-07-32, RENTAL DWELLINGS OPERATED WITHIN THE CORPORATE LIMITS OF THE CITY AND SUBJECT TO PROPERTY RENTAL CODE 3-7-1 TO 3-7-6 SHALL BE ASSESSED **A FEE OF \$100.00 PER UNIT.** [The fee for a six (6) unit apartment building shall be \$600.00]. A FEE OF **\$175.00** WILL BE ASSESSED FOR THE FIRST REINSPECTION AND EACH ADDITIONAL INSPECTION WILL BE **\$175.00.**

24 HR. EMERGENCY CONTACT INFORMATION:

NAME: _____

PHONE: (____) _____

The undersigned, as owner or agent thereof, agrees to comply with all applicable laws and ordinances of the State of Illinois and the City of Prospect Heights.

Signature of Applicant

Date

Print Name of Applicant