

City of Palos Heights Building Department

7607 W College Dr.

Palos Heights, IL 60463

Ph. (708) 361-1804 Fx. (708) 923-7112

Property Description

Rental Property

Fee: \$100.00

Vacant Property

Fee: \$175.00

Property Type: Single Family

Multi-Unit

Commercial

Property Address: _____

****All Rental Properties must supply a Plat of Survey**

Owner's Information:

Name: _____ Business Name: _____

Mailing Address: (PO Box Not Acceptable) _____

City _____ State _____ Zip _____

Phone Number(s) _____ Business # _____ Emergency # _____

Email: _____

Renter's Information:

Name: _____ Business Name: _____

Mailing Address: (PO Box Not Acceptable) _____

City _____ State _____ Zip _____

Phone Number(s) _____ Business # _____ Emergency # _____

Email: _____

Property Preservation Servicer

Rep: _____ Business Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Phone Number(s) _____ Business # _____ Emergency # _____

Email: _____

All Lien Holders/ Other Parties with an Ownership Interest

Property is currently in default and/or Foreclosure proceedings Case: _____

Name: _____ Business Name: _____

Mailing Address: (PO Box Not Acceptable) _____

City _____ State _____ Zip _____

Phone Number(s) _____ Business # _____ Emergency # _____

Email: _____

Registration Fees:

The owner or mortgage lender/lien holder of the rental or vacant building/property is required to register the building/property with the City of Palos Heights Building Department.

The owner or mortgage lender/lien holder of the rental or vacant building/property must renew the registration each year no later than the anniversary date of the first registration filing.

Applicant:

I hereby attest to the information provided on this registration, to the best of my knowledge, to be accurate. My signature below indicates my "acceptance of the City of Palos Heights requirements"

Signature of Owner/ Agent _____ Date: _____

Print Name: _____ Date: _____

FOR VACANT PROPERTIES ONLY

Vacant/Boarded Building/Property Plan

All sections of this form must be completed

Plan for Occupancy/Compliance/Demolition

Brief Description of Proposed Plan _____

Gas:	Disconnected <input type="checkbox"/>	In working Order <input type="checkbox"/>
Electric	Disconnected <input type="checkbox"/>	In working Order <input type="checkbox"/>
Water	Disconnected <input type="checkbox"/>	In working Order <input type="checkbox"/>

Knox Box Keys are current Yes No

Fire Alarm/ Fire Sprinkler working appropriately Yes No

Alarm Service _____

Heat on and set at 42 Degrees Yes NO

For City Use Only:

Date of Application Submitted: _____/_____/_____

Building/Code Enforcement Inspector: _____

Fee Received: \$ _____ Date: _____/_____/_____

Comments:

