

CITY OF CALUMET CITY, ILLINOIS
Department of Inspectional Services - 708/891-8120

Type of Inspection: Rental Point of Sale Rehab Other _____
Type of Property: Residential Commercial Industrial Other _____

The following is the result of an inspection at the property known as 290 YATES

The inspection is not in any way intended to be a complete list of Code or Municipal Ordinance requirements. The inspection can be substantially limited by access available and stored items or furniture preventing access. The inspection is not meant to take the place of a private home inspection nor will it cover the same items.

Some buildings may require certifications to be complete on individual systems such as the heating appliances, roofing, or fire protection systems. Specific requirements and limitations are available by referring to the Calumet City Municipal Code, Section 6-308 and the amendments thereto. Copies of these Codes are available for viewing in the City of Calumet City Clerk's office or on-line at www.calumetcity.org. The first inspection and subsequent re-inspection are included in the cost. Any additional inspections or failure of the owner/agent/designee to appear for a scheduled inspection will require additional fees.

The Inspector will comment on statements (as follows) by writing these notations in the blank area in front of a statement and may additionally circle a specific area or make additional comments. Some of the repairs may require registered contractors and permits.

Zoning: _____ Conforming: Yes No #Of Existing Units*: 3
INSPECTOR: [Signature] Date: 6-12-15
OWNER'S PRINTED NAME: _____ Date: _____

I am the owner/authorized agent of the above property and can legally authorize this inspection. I have received permission from any tenants/leases to enter their unit(s) for this inspection.

Contact number of owner(s) or person responsible of building or structure if not listed on attached application _____
Owner's Signature: [Signature] Date: _____

REINSPECTIONS

Inspector: _____ Owner's Signature _____ Date: _____
Inspector: _____ Owner's Signature _____ Date: _____
Inspector: _____ Owner's Signature _____ Date: _____

If this is a Point of Sale Inspection, date approved for Point of Sale Compliance is: _____

If this is a Rental Inspection/Other, note the following assessments:
Approved for occupancy (original units) # 3 Date: 6-12-15
Not Approved for Occupancy # _____ Date: _____

Conditional date to be complied: _____

COMMENTS: _____

Permits Required: _____