Office Use Only

OID #: _____

LID #: _____

VILLAGE OF FOX LAKE

BUILDING & CODE ENFORCEMENT
66 THILLEN DR.
FOX LAKE, IL 60020
Telephone (847) 587-3176
Fax #: (847) 587-3980

RENTAL RESIDENTIAL CERTIFICATE APPLICATION

Property Address _____

Owner's Name _____

Owner's Address *_____
(Address) (City) (State) (Zip)

Owner's Phone Numbers (home) _____ (work) _____

2nd Owner's Name _____

2nd Owner's Address _____
(Address) (City) (State) (Zip)

2nd Owner's Phone Numbers (home)_____ (work) _____

Tenant's Name _____

Tenant's Phone Numbers (home) _____ (work) _____

Tenant's Name _____

Tenant's Phone Numbers (home) _____ (work) _____

Agent's/Manager's Name _____

Agent's/Manager's Address _____
(Address) (City) (State) (Zip)

Agent's Phone Numbers (home)_____ (work) _____

P.O Boxes are not acceptable

Number of paved off-street parking spaces (include garage) _____

Total number of dwelling units in building _____

Inspection Invoices to be sent to: ☐ Owner ☐ Tenant ☐ Agent

I have read, understand and agree to abide by Ordinance 2000-05. All of the information provided in the Application is true and correct to the best of my knowledge.

_____ _____/_____/_____
Property Owner Date