



REQUEST FOR INSPECTION – RESIDENTIAL

The following information must be completed in full, and inspection fee must be paid to the City of Vinita Park **prior to the scheduling of inspection.** ** Please Print **

ADDRESS OF PROPERTY TO BE INSPECTED: _____

DATE & TIME REQUESTED FOR INSPECTION: _____

Owner of Property: _____ Phone #: _____

Address of owner: _____

(street)

(City)

(State)

(Zip)

Owner's Driver License Number _____

Owner's Social Security Number _____

Agent / Manager _____ Phone # _____

Address of Agent / Manager _____

Agent / Manager Driver License Number _____

Agent / Manager Social Security Number _____

** Applicant's Signature _____ Date _____

INSPECTION VALID FOR SIXTY (60) DAYS

OFFICE USE ONLY

Occupancy Permit Requested: Yes _____ No _____ Paid: Yes _____ No _____

Inspection Fee Paid: Yes _____ No _____