

Certificate of Use and Occupancy Property Maintenance Inspection Sheet

Village of Caseyville, Illinois 909 South Main Street, Caseyville, IL 62232 (618) 344-1234

(Please Type or Print Legibly)

Owner/Seller Info: Owner's Name:		
Owner's Address:		
Owner's Driver License No.:		
Owner's Home No.:	Cellular No:	
Address for Inspection: Mobile Home: Yes No		
Permanent Parcel Identification Numbe	r:	
Renter/Buyer Info: Renter's Name:		
Renter's Current Address:		
Renter's Driver License No.:		
Renter's Home No.:	Cellular No:	
List all Occupants by name and relati Full Name:	Relationship	
	·	
First Inspection Date and Time: Second Inspection Date and Time:	Passed □ Fai	· · · · · · · · · · · · · · · · · · ·
(\$100.00 fee for each additional inspe Third Inspection Date and Time: Additional Inspections (If needed):	ction after 2 nd inspecti □ Passed □ Fai	

If the property for which this Occupancy Permit is being applied for is rental property, the owner of the property understands that any Water Fees still owed the Village from previous renters of said property must be paid in full along with the \$75.00 Occupancy Permit fee. If the property for which this Occupancy Permit is being applied for has Sewer Service available and has not been connected, the sewer line must be connected and tap-in fees paid. No Occupancy Permit will be granted until these matters are taken care of and approved by the Superintendent of the Water/Sewer Department.

Approved By:	_Date:	
Superintendent of Water/Sewer Department		

INSPECTION SHEET

LIVING ROOM:

Electrical System Hazards/Covers
 Passed Failed
 Lighting Fixtures
 Passed Failed
 Interior Surfaces/Floors
 Passed Failed

KITCHEN:

1. Receptacles (GFI)/Covers Passed Failed 2. Lighting Fixtures Failed Passed 3. Interior Surfaces/Floors Failed Passed 4. Gas Shut-Off on Range Failed Passed 5. Traps on Sink Passed Failed 6. Water Shutoffs Passed Failed

BATHROOM(s):

Receptacles (GFI)/Covers
 Passed Failed
 Lighting Fixtures
 Passed Failed
 Interior Surfaces/Floors
 Passed Failed
 Traps on Sink
 Passed Failed
 Toilet/Shower/Sink Shutoffs
 Passed Failed
 Passed Failed
 Support of the state of the

BEDROOM(1):

Electrical System Hazards/Covers
 Passed Failed
 Lighting Fixtures

PassedFailed3. Interior SurfacesPassedFailed4. Room Size

BEDROOM(2):

 Electrical System Hazards/Covers
 Passed Failed
 Lighting Fixtures
 Passed Failed
 Interior Surfaces
 Passed Failed
 Room Size

BEDROOM(3):

9. Electrical System Hazards/Covers
Passed Failed
10. Lighting Fixtures
Passed Failed
11. Interior Surfaces
Passed Failed
12. Room Size

BEDROOM(4):

13. Electrical System
Hazards/CoversPassedFailedPassedFailed14. Lighting Fixtures
PassedFailed15. Interior Surfaces
PassedFailed16. Room Size

MISCELLANEOUS:

1. Shutoff Valve Water on **Heater/Furnace** Passed Failed 2. Drip Leg Water on Heater/Furnace Failed Passed 3. Dirt Leg on Gas Furnace & Water Heater Passed Failed 4. Sewer Clean-out Passed Failed 5. Furnace Passed Failed 4. Evidence of **Roof/Windows** Water Leaks Passed Failed 5. Working Smoke Detectors Passed Failed 6. Main Water Shut Off Valve Passed Failed

ELECTRICAL PANEL:

(Must meet National Electrical Code): **1.** All wires must have connectors Passed Failed **2.** No Double Lugging Passed Failed **3.** Bare wires must have wire caps Passed

1. If habitable Living Space (Bedrooms) is or will be present two (2) means of emergency egress to the outside must be present (as per BOCA Code) Passed Failed

EXTERIOR PROPERTY AREA:

Sanitation/Debris
 Passed Failed
 Sidewalks & Driveways
 Passed Failed

3. Weeds/Grass over 8" tall Passed Failed 4. Exhaust Vents Passed Failed 5. Accessory Structures/Sheds Failed Passed 6. In-operable Motor Vehicles Passed Failed 7. Pool Two (2) Feet or More In **Depth must have Fence/Gate** Failed Passed **EXTERIOR STRUCTURE:**

1. Street Numbers (3"hx2-1/2"w) Passed Failed 2. Exterior Walls Passed Failed 3. Roof & Gutters Passed Failed 4. Foundation Passed Failed 5. Overhang Extensions Passed Failed 6. Chimney and Flu-Cap Passed Failed 7. Handrails & Guardrails Failed Passed 8. Operable Windows/Broken Passed Failed 9. Insect Screens Passed Failed 10. Doors / Locks Passed Failed **11. Basement Hatchways** Failed Passed 12. A/C Disconnect Failed Passed 13. Anti-Siphon Devices \ Back Flow **Preventer** Failed Failed Passed 14. Outside Light, Front & Rear Passed Failed

OTHER:

INSPECTOR COMMENTS:

INSPECTOR SIGNATURE _____ DATE: _____

Should a property fail it's first Occupancy Inspection and its subsequent Re-Inspection, No further inspections will be made until an additional Fifty Dollar (\$50.00) ReInspection Fee, as provided under Ordinance #934, an Ordinance providing the Schedule of Fees for the Village of Caseyville, Illinois Planning and Zoning Department has been paid. A "Re-inspection" is defined as an inspection which is made as a result of non-compliance, not ready, no-show - lock out, etc.

I CERTIFY BY MY SIGNATURE BELOW, THAT IF CORRECTION (S), (see Inspection Sheet) ARE NEEDED TO BE MADE TO MEET THE REQUIREMENTS OF THE HOUSING CODE, (ORDINANCE # 558 AND ORDINANCE # 597), AND THOSE CORRECTIONS ARE NOT MADE, THE UTILITIES TO THIS ADDRESS WILL BE DISCONNECTED. I ALSO CERTIFY THAT I HAVE READ, UNDERSTAND, AND ACCEPT EACH OF THE PROVISIONS, AND WILL ABIDE BY THEM AND BY THE CODES, ORDINANCES, REGULATIONS AND STATUES OF THE VILLAGE OF CASEYVILLE AND THE STATE OF ILLINOIS.

OWNER/SELLER SIGNATURE

DATE _____

FEE PAID:DATE:
Max. Number of Occupants in Compliance with Ordinance #578, Section 8:
DATE APPROVED FOR OCCUPANCY:
Zoning Administrator



LIST OF CORRECTIONS THAT NEED TO BE CORRECTED TO PASS INSPECTION

(This list is to be provided to the applicant following the Inspection)

These are the Corrections Needed:

INSPECTOR SIGNATURE	DATE: