



VILLAGE OF BOURBONNAIS
BUILDING DEPARTMENT

600 Main Street N.W.
Bourbonnais, Illinois 60914
815-937-3575 * FAX 815-937-3467

Landlord Registration

Date: _____

Type of Application: New _____ Renewal _____ Change _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell #: _____

Business #: _____ Home #: _____

Please list all rental properties owned with amounts of units:

Address: _____

Single Family _____ Duplex _____ Townhouse/Condo _____ Apartment _____

Number of Units _____

Address: _____

Single Family _____ Duplex _____ Townhouse/Condo _____ Apartment _____

Number of Units _____

Address: _____

Single Family _____ Duplex _____ Townhouse/Condo _____ Apartment _____

Number of Units _____

** Please list all additional addresses on a separate sheet of paper.

24 Hour Emergency Phone Number ** REQUIRED ** _____

Is property held in a trust? Yes _____ No _____

Trust Name or Number: _____

Beneficiary or trust holder information:

Name: _____ Address: _____

Business #: _____ Home#: _____ Cell#: _____

Mortgage Holder: _____ Address: _____

Local Agent Information: Required for all owners not living within 15 miles of the Village of Bourbonnais.

Name: _____ Address: _____

Email: _____ City: _____ State: _____ Zip: _____

Business #: _____ Cell #: _____ Home#: _____

Signature: _____ Date: _____

Registration fee is \$25.00 per year

ALL LANDLORD REGISTRATIONS EXPIRE APRIL 30TH OF EACH YEAR

For Office Use Only:

Registration Number: _____ - _____ License # _____

Date Received: _____

Amount Paid: _____ Check # _____ Cash _____ CC Authorization # _____

VILLAGE OF BOURBONNAIS



Building Department
600 Main Street NW, Bourbonnais, IL 60914-2398
Telephone 815-937-3575 * Fax 815-937-5606
www.villageofbourbonnais.com

RENTAL UNIT INSPECTION REQUEST

Date _____

Owners name _____

Address _____ State _____ Zip _____

Email _____ Cell # _____

Business # _____ Home # _____

Address of rental unit: _____

Type of unit: Single family Duplex Townhouse/condo Apartment

Number of units: _____ Number of bedrooms _____

Number of occupants per unit: _____

Number of parking places associated with property: _____

Dumpster on property: Yes _____ No _____ Dumpster size: _____ cubic yards

Date requested for inspection*: _____ Time: _____

Signature _____

FEE: \$35.00 BASE COST PLUS \$10.00 FOR EACH UNIT THEREAFTER PER BUILDING

Amount collected _____ By _____

***Please submit request (7) seven days prior to inspection**