

Village of East Alton  
Building & Zoning Department  
232 Church St.  
East Alton, IL 62024  
618-259-1185  
618-259-2095 Fax  
zoning@eastaltonvillage.org

**RESIDENTIAL OCCUPANCY APPLICATION**

**FEE: \$50.00**

One dwelling unit per application  
\$35.00 service fee for missed appointments  
Please **PRINT** legibly or **TYPE**

**For Staff Use Only**

OPR- \_\_\_\_\_  
App. Recv'd: \_\_\_\_\_  
Insp. #1 \_\_\_\_\_  
Insp. #2 \_\_\_\_\_

**Property to be inspected**

Street Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_

Property will be:  Owner Occupied  Tenant Occupied

**Current Property Owner**

Name(s): \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Applicant Information\***

OWNER  MANAGER/MGMNT. CO.  REALTOR

\*Applicants other than owner **MUST** have an **Agent Designation Form** on file in this office prior to making application for permit.

Name(s): \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**New Owner**

Name(s): \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

I, the undersigned, do hereby certify that I am authorized to make application for the Residential Occupancy Permit and affirm that the statements made in this application are true to the best of my knowledge. I agree to conform to the Ordinances of the Village of East Alton. I have received a copy of the **Application Guide for Occupancy Permit** and **Occupancy Permit Program Guide**. I understand no application will be processed or inspection conducted until full payment of the application fee is received by the Village of East Alton. It shall be unlawful for any person, firm or corporation to occupy, or permit to be occupied or to collect the rent of any existing residential structure without first obtaining an Occupancy Permit issued by the Code Official or his designee.

OWNER/AGENT SIGNATURE

DATE

Property Address: \_\_\_\_\_

**OCCUPANT/TENANT INFORMATION**

Lessee (Name): \_\_\_\_\_  
(First) (Middle Initial) (Last)

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Lessee (Name): \_\_\_\_\_  
(First) (Middle Initial) (Last)

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Occupant: \_\_\_\_\_ DOB: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Occupant: \_\_\_\_\_ DOB: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Occupant: \_\_\_\_\_ DOB: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Occupant: \_\_\_\_\_ DOB: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Occupant: \_\_\_\_\_ DOB: \_\_\_\_\_  
(First) (Middle Initial) (Last)