



**VILLAGE OF EVERGREEN PARK
 CERTIFICATION OF ZONING COMPLIANCE
 BUILDING DEPARTMENT, 9418 S. KEDZIE AVE., EVERGREEN PARK, IL. 60805
 PHONE: 708-229-3333 FAX: 708-422-3482**

INSTRUCTIONS: This form must be filled out completely, signed by one of the grantors, sellers or his or her attorney and presented to the Building Department. We will make no on-site internal inspection without the owner's consent. The payment of \$50.00 fee is required at the time the Transfer Stamps are obtained. Checks payable to: Village of Evergreen Park .

1 ADDRESS OF PREMISES: _____

2 PERMANENT REAL ESTATE INDEX NUMBER: _____

TWP SEC. BLOCK PARCEL UNIT

3 NUMBER OF DWELLING UNITS: 0

4 OWNER/SELLER INFORMATION:

5 ACCESS INFORMATION IF AN INTERIOR/ON-SITE INSPECTION IS REQUIRED.

NAME: _____

THE DEPARTMENT WILL CONTACT:

ADDRESS: _____

NAME: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

TIME: _____ AM/PM _____

6 PERSON TO BE CONTACTED WHEN THE CERTIFICATE HAS BEEN ISSUED OR DENIED.

NAME: _____

PHONE: () _____ FAX: () _____

7 SIGNATURE _____ **DATE:** _____
 OWNER/GRANTOR/AGENT

DO NOT FILL IN BELOW THIS LINE - VILLAGE OF EVERGREEN PARK USE ONLY

BUILDING DEPARTMENT CERTIFIES:

1 ZONING DISTRICT _____

DENIAL

DATE: _____

2 NUMBER OF DWELLING UNITS AS OF THE DATE OF CERTIFICATION _____

REASON: _____

IF YOU DISAGREE WITH THE VILLAGE'S DETERMINATION, YOU MUST, WITHIN 5 DAYS, ASK FOR RECONSIDERATION.

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RECONSIDERATION REQUEST: DATE: _____ DENIAL

DATE: _____

REASON: _____

NAME: _____