



Community & Economic Development Department
12 South Center Street
Bensenville, IL 60106
Office: 630.350.3413
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www.bensenville.il.us

REAL ESTATE TRANSFER INSPECTION REQUEST

Date: _____

Scheduled Closing Date: _____

In compliance with The Village of Bensenville's **ORDINANCE 16-2014, 2-25-2014**, I hereby request an Existing Structures/Real Estate Transfer Inspection for the following address:

Address: _____

Unit #: _____

OWNER INFORMATION:

Name: _____

Phone: _____

Address: _____

(If different from above)

Listing Real Estate Company: _____

Agent Name: _____

Phone: _____

Contact for Scheduling: _____

Daytime Phone: _____

In order that we may better assist our property owners with the completion of this inspection please complete the following questions:

The month/year you purchased the property: _____, Year the residence was built _____, Has a Real Estate Transfer Inspection been completed on this property before? _____, when? _____, Since you have owned the property have you made improvements to the property? (An example would be in the addition of the garage or room, deck or major remodel) If so please list (you may use the back of this form if needed).

Bedrooms _____

Bathrooms _____

Basement (Yes/No)

Crawlspace (Yes/No)

Attic (Yes/No)

Water (Well/Village)

Sewage (Septic/Village)

Garage (Detached/Attached)

Shed (Yes/No)

Office use only:

R.E.T.I. Number Assigned: _____

Permitted Occupancy: _____

Date Inspection Request Received: _____

\$55.00 Fee Paid: _____

Date & Time of Initial Inspection: _____

Inspector Assigned: _____