



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:** \_\_\_\_\_