



"City of the Cedars"

CITY OF LEBANON

RESIDENTIAL INSPECTION APPLICATION

Property To Be Inspected:

Street Address: _____ Unit Number: _____

Property is/will be: _____ Vacant _____ Owner Occupied _____ Tenant Occupied

Property Owner/Agent:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail _____

I, the undersigned do hereby certify that I am authorized to submit this application for a Residential Inspection at the above address. I understand no inspection will be conducted, or an occupancy permit issued until full payment of \$100.00 is made to the City of Lebanon.

I am responsible to ensure the residence is available at the scheduled appointment time with all utilities turned on for inspection and that all fees are paid. An additional fee of \$60 will be required for failure to show up for an inspection without 24 hr. notification or if a re-inspection is required. I am responsible for having any violations corrected and meet the minimum requirements as declared by City Ordinance before an occupancy permit is issued, or anyone is allowed to occupy the residence. Failure to comply with any of the above requirements may result in a civil citation and/or fine.

Print Name: _____ Date: ____/____/____

Signature: _____ Telephone: _____

Initial inspection Fee Amount: \$ 100.00 Paid: ____/____/____ Cash/ Card/ Check #: _____

Inspector: _____ Date: ____/____/____ Result: _____

Re-inspection Fee Amount: \$60.00 Paid: ____/____/____ Cash/ Card/ Check #: _____

Inspector: _____ Date: ____/____/____ Result: _____

Re-inspection Fee Amount: \$60.00 Paid: ____/____/____ Cash/ Card/ Check #: _____

Inspector: _____ Date: ____/____/____ Result: _____

Occupancy Limitation: Related: _____ Unrelated: _____

You may pay online at "lebanonil.org", then click on "Payments", choose "Make one-time payment", drop down Payment Category to 4. Inspections and drop down Payment Type and Choose "Occupancy Inspection" Rev. 7/18/23

**CITY OF LEBANON, ILLINOIS
RESIDENTIAL INSPECTION CHECKLIST**

Date: _____
 Time: _____
 Reinspection Date: _____
 Time: _____

Location: _____
 Inspection Fee Amt: \$100.00
 Reinspection Fee Amt: \$ _____

*P=Pass **F=Failed

<u>Exterior Property Area</u>	<u>P*</u>	<u>F**</u>	<u>Bathroom</u>	<u>P</u>	<u>F</u>
Sanitation			Square Footage		
Grading & Drainage			Electrical Systems Hazards		
Sidewalks & Driveways			Receptacles (GFI)		
Weeds			Lighting Fixtures		
Rat Harborage			Interior Surfaces/Floors		
Exhaust Vents			Windows/Vented		
Accessory Structures			Traps on Sink		
Exterior Painting			<u>Kitchen</u>	<u>P</u>	<u>F</u>
Motor Vehicles			Square Footage		
Trash/Debris			Electrical Systems Hazards		
<u>Exterior Structure</u>	<u>P</u>	<u>F</u>	Receptacles (GFI)		
Street Number(s)			Lighting Fixtures		
Exterior Walls			Interior Surfaces/Floors		
Roof & Drainage			Windows/Vented		
Decorative Features			Gas Shutoff on Range		
Overhangs/Extensions			Traps on Sink		
Chimney & Towers			<u>Living Room</u>	<u>P</u>	<u>F</u>
Handrails & Guardrails			Square Footage		
Windows & Door Frames			Electrical Systems Hazards		
Glazing			Receptacles		
Openable Windows			Lighting Fixtures		
Insect Screens			Interior Surfaces/Floors		
Doors			Windows/Vented		
Basement Hatchway			<u>Basement</u>	<u>P</u>	<u>F</u>
A/C Disconnect			Shutoff Valve on water heater		
Anti-Siphon/Faucets			Drip leg on water heater		
<u>Electrical Panel</u>	<u>P</u>	<u>F</u>	Dirt leg on gas furnace & water heater		
All wires must have connectors			<u>Garage</u>	<u>P</u>	<u>F</u>
No double lugging			Solid wood/metal door between house & garage		
Bare wires must have wire caps			Ceiling in garage must be fire rated		
			Wall between house & garage must be fire rated		
			Garage door opener must have receptacle		
			No extension cords allowed		
<u>Bedroom</u>			<u>#1</u>	<u>#2</u>	<u>#3</u>
Square Footage			<u>#4</u>	<u>#5</u>	
Electrical Systems Hazards					
Receptacles					
Lighting Fixtures					
Interior Surface/Floors					
Openable Windows					
Smoke Detectors					
Carbon Monoxide Detectors					

Comments: _____

Inspected By: _____ Date: _____ Approved: _____ Not Approved _____
 Reinspected By: _____ Date: _____ Approved: _____ Not Approved _____
 Reinspected By: _____ Date: _____ Approved: _____ Not Approved _____

Occupancy Limitation: _____ (Related Persons _____ or Unrelated persons: _____)