

APPLICATION FOR RESIDENTIAL OCCUPANCY PERMIT

PROPERTY INFORMATION

Property to be inspected (circle):

RENTAL

LEASE

OWN

Address:

Apartment or Unit #:

City:

State:

Zip:

Owner Information / Agent Information

Name:

Mailing Address:

Phone:

City:

State:

Zip:

Agent Name:

Address

Phone:

City:

State:

Zip:

Tenant/Purchaser Information

Name:

Address:

City:

State:

Zip:

Phone:

Name Additional Tenants

I, the undersigned, hereby designated the above authorized agent(s) to act in my behalf in regards to the properties listed on this Agent Designation Form for the purpose of apply for the and obtaining Occupancy Permits, as a contact for code enforcement issues of any property listed and for emergency contact on the behalf of the Village of Godfrey Police and Fire Departments. Any notice served to an Authorized Agent will serve the same purpose as serving me personally. I agree to conform to all ordinances of the Village of Godfrey, and will immediately update this Agent Designation Form upon the change in status of any listed agent or property.

Signature of Applicant:

Date: