



Community Development  
Department

# VILLAGE OF STREAMWOOD

301 E. Irving Park Road  
Streamwood, Illinois 60107  
630/736-3839

www.streamwood.org

OFFICE USE ONLY

License # \_\_\_\_\_

Check # \_\_\_\_\_

## RENTAL RESIDENTIAL PROPERTY LICENSE APPLICATION

SINGLE-FAMILY RESIDENCE OR CONDOMINIUM OWNERSHIP

(Please Print or Type)

Building Address: \_\_\_\_\_

### OWNERSHIP INFORMATION

Owner Name: \_\_\_\_\_

Street Address (P.O. Box not acceptable): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**PLEASE NOTE:** If e-mail address is provided, license and renewal paperwork WILL be e-mailed.

FOR PROPERTIES HELD IN TRUST [please use Attachment A available in the Community Development Department]

### PROPERTY MANAGER INFORMATION – NOT YOUR ASSOCIATION

Property Manager: \_\_\_\_\_

Street Address (P.O. Box not acceptable): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Do you want all correspondence and mailings to go to property manager? YES \_\_\_\_\_ NO \_\_\_\_\_

### TENANT INFORMATION

Name of Renter(s): \_\_\_\_\_

Renter Phone: (\_\_\_\_) \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Emergency Contact Name: \_\_\_\_\_

Street Address (P.O. Box not acceptable): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

24 Hour Emergency Phone: (\_\_\_\_) \_\_\_\_\_

All of the information provided in the Application is true and correct to the best of my knowledge:

Property Owner \_\_\_\_\_

Date \_\_\_\_\_

**PM-404.4.1 Area for Sleeping Purposes:** Every room occupied for sleeping purposes by one occupant shall contain at least 70 square feet of floor area, and every room occupied for sleeping purposes by more than one person shall contain at least 50 square feet of floor area for each occupant thereof.

**PM-404.4.4 Prohibited occupancy:** Kitchens, non-habitable spaces, and interior public areas shall not be occupied for sleeping purposes. Where a living room, dining room or combined living/dining room spaces are required by PM-404.5.2, such rooms shall not be occupied for sleeping purposes.

(International Property Maintenance Code/2012 as amended)

State law requires installation and maintenance of smoke detectors for all rental units, one within each bedroom and one on each level of a multiple level dwelling. The Village of Streamwood Municipal Code requires carbon monoxide detectors for all rental units. State law requires that carbon monoxide detectors be located within fifteen feet (15') from all sleeping rooms. If you have any questions regarding detectors, please contact the Fire Department at 630/736-3650.

**RENTAL DWELLING UNIT INFORMATION**

\*Please provide if we do not have this information on file or if this is a new rental unit.

Total number of rooms in dwelling unit: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

Living room: _____ ft. by _____ ft.	Bedroom #1: _____ ft. by _____ ft.
Dining room: _____ ft. by _____ ft.	Bedroom #2: _____ ft. by _____ ft.
Kitchen: _____ ft. by _____ ft.	Bedroom #3: _____ ft. by _____ ft.
Bathroom: _____ ft. by _____ ft.	Bedroom #4: _____ ft. by _____ ft.
Other: _____ ft. by _____ ft.	Bedroom #5: _____ ft. by _____ ft.

<b>Base Fee (new license or renewal prior to December 31):</b>	<b>\$ 150.00</b>
This fee includes the initial inspection, one (1) re-inspection	
<b>Late Fees (late fee is in addition to base fee; fees double every 30 days after January 1)</b>	
January 1-31	\$50.00
February 1-28	\$100.00
March 1-31	\$200.00
April 1-30	\$400.00
May 1 and beyond	\$750.00
<b>Re-inspection Fee (per inspector/per inspection):</b>	<b>\$50.00</b>
This is required if more than one (1) re-inspection is required; this includes inspections cancelled without 24 hours notice	