

Signature _

Village of Orland Park
Development Services Department
14700 Ravinia Avenue
Orland Park, IL 60462

Phone (708) 403-5300 Fax (708) 403-6215 Email: developmentservices@orlandpark.org

Residential Rental License Application (Please Print)																
□ New Rental Reg										ange of Address/Phone						
Type of	Application:	☐ Ch	☐ Change of Owner					☐ Change of Agent								
Dantal F)															
Rental Property Street Address:									P.I.N.	#						
	Is there a property owner's association						on associated with this location?					es	□ No			
	 Association 	Association Name: Telephone								Number:						
	• Do you own	Do you own other rental property in Or					rland Park, Illinois?					es	□ No			
	How many?	t all add	addresses here:													
Type of F	Property:	☐ Single Family Home			□ Duplex				□ Townhome			□ Condominium		minium		
		□ Apart	□ Apartment Building – Number of Units Number of Parking Spaces associated with property													
Legal Property Owner Information: (Street address is required, do not use PO Box information) (If In Trust – see bottom of next page for requirements)																
Name:				A	Address:											
E-Mail Address:						·			State	e: Zi		Zip	Code:			
Business Phone:			Mob Pho							Home Phone:						
24 Hour	24 Hour Contact Emergency Phone Number **REQUIRED**															
Local Ag	ent Informatio	<mark>n: (</mark> Requir	ed for all ow	vners n	ot livir	ng with	nin a 30	mile	range	of the	Villag	e of C	<mark>Orland Par</mark>	k, IL)		
Name:				A	ddre	ess:										
E-Mail Address:	:			С	ity:				State	e :		Zip	Code:			
Business Phone:	3			Mobile Phone						Hon Pho						
24 Hour	Contact Eme	ergency F	hone Nur	mber *	*REG	UIRE	D**									
				Cin	alo Eo	mily De	toohod D	ooida	noo \$10	00.00.5	or unit					
Fees:	Annual Fee	Annual Fee:				Single Family Detached Residence \$100.00 per unit Single Family Attached Residence(including all townhomes) \$100.00										
							per unit									
Multi-Family Residence \$100.00 + \$15.00 per additional unit wit									it within the							
					same building (Re-inspection fees and fines as stated in Village Code 5-8-3-						-8-2-2	3)	\$			
I, the Owner/Agent for the above property understand the issuance of this license is conditional upon compliance with all Village of Orland Park Ordinances, State and Federal Law. I understand the submission of this application and payment of license fees does not constitute official licensing until compliance with the Rental Housing Code (VC 5-8-1) has been verified through inspection by authorized personnel and a permanent annual license certificate has been issued by the Village of Orland Park. I verify that this application is complete and truthful to the best of my knowledge. I understand that renting a dwelling without a valid license issued by the Village of Orland Park is a violation of the Village of Orland Park Code and will result in enforcement by fines and a court appearance; the property may be deemed uninhabitable until the license is obtained.																

Date __

STAFF	Date Received:				Fee Paid:								
ONLY	Approved:				Denied:								
Dwelling Unit Information:													
☐ Single Family			Duplex		□ Tow	nhouse/Cond	do	☐ Apartment Building					
Number of	Units:												
Efficiency Units:		Squ Livir	are Feet ng Area:										
1 Bedroom Units:			Square Feet Living Area:		2 Bedro	om Units:			are Feet g Area:				
3 Bedroom Units:			are Feet ng Area:		4 Bedro	om Units:			are Feet g Area:				
Tenant In	formation	on:											
LESSEE NAME								# of Occupants					
Unit 1													
Unit 2													
Unit 3													
Unit 4													
Unit 5													
Unit 6													
Unit 7													
Unit 8													
Unit 9													
Unit 10													
Unit 11													
Unit 12								_					
Unit 13													
Unit 14													
Unit 15													
Unit 16													
If property is held In Trust – Trust Information required per Village of Orland Park Code													
Name:				A	ddress:								
E-Mail Address:				С	ity:		State:		ZipCode:				
Business Phone:			Mobile P	hone:			Home Phone:						

Please attach additional sheet if more space is required for any information above!