WINNEBAGO COUNTY HEALTH DEPARTMENT
401 Division Street
P.O. Box 4009
Rockford, IL 61110
Phone: (815) 720-4100

FOR OFFICE USE ONLY:

Date Rec'd: _____

Amt. Rec'd: _____

Check#/Cash: _____

Receipt #: _____

App. #: _____

FHA/VA LOAN INSPECTION APPLICATION – Fee: $205.00

INSTRUCTIONS: Return the Loan Application and Fee of $205.00 to the above address. Please provide a copy of the property's real estate listing sheet, if available.

NOTE: A Winnebago County Health Department inspector will enter property ONLY when accompanied by the owner or owner's authorized agent. Septic tank must be made accessible for inspection prior to the appointment date.

PROPERTY TO BE INSPECTED

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PROPERTY CODE NUMBER: _____ PIN: _____-_____-_____-_____

SUBDIVISION NAME:_____ LOT NUMBER: _____

CURRENT OWNER'S NAME: _____

Is the property served by Public Sewer? Yes ___ No ___ Is the property served by Public water? Yes ___ No ___

PERSON TO PROVIDE ACCESS TO PROPERTY

NAME: _____

DAYTIME (CELL) PHONE: (_____)_____-_____ HOME PHONE: (_____)_____-_____

PERSON TO PROVIDE ACCESS: Home Owner ___ Realtor ___ Other ___

INSPECTION LETTER AND RESULTS WILL BE RETURNED TO:

NAME: _____

COMPANY NAME (if applicable): _____

BUSINESS PHONE: (_____)_____-_____ HOME/CELL PHONE: (_____)_____-_____

RETURN METHOD (select only one):

___ E-mail E-mail Address: _____

___ USPS Mailing Address: _____

_____

Name: _____ Signature: _____

Print Name Signature