

Certificate #
Date

FULL PAYMENT CERTIFICATE APPLICATION
City of Chicago Department of Water Management
333 South State Street—Suite LL10
(312) 747-9703
Monday—Friday 8:30 A.M.—4.30 P.M.
APPLICATION REQUIRES TEN (10) BUSINESS DAYS TO PROCESS

EXPECTED CLOSING
DATE:

Final Readings Are Required For:
- Properties with Remote Meter Readouts
- All Meters not read in the last (60) sixty days
Legal Descriptions Are Required For:
- Commercial Property - Corner Buildings
- Mixed Use Property - Condominium Conversions
- Properties with more than (1) one P.I.N. Number or more than (1) one address.
- Buildings with (6) six apartments or more.

BOOK PAGE MC#(S)

FEE IS \$50.00 PER APPLICATION/SEPARATE APPLICATIONS ARE REQUIRED FOR EACH PROPERTY TO BE TRANSFERRED. APPLICATIONS MUST BE COMPLETELY FILLED OUT. PERSONAL OR COMPANY CHECKS WILL NOT BE ACCEPTED. PAYMENT MUST BE MADE BY CASHIERS CHECK, CERTIFIED CHECK, MONEY ORDER, CASH OR CREDIT CARD (VISA/MASTERCARD/DISCOVER/AMEX/DINERS).

Plats Of Survey Are Required For:
- New Construction - Vacant Land
- Industrial Property - Railroad Property

1. PREMISES INFORMATION
PREMISES ADDRESS(ES): _____
PROPERTY INDEX # (S): _____
WATER ACCOUNT # (S): _____

4. BUYER INFORMATION
NAME: _____
LAST FOUR DIGITS OF BUYER'S SOCIAL SECURITY NO. OR TAX ID NO. _____
PRESENT ADDRESS: _____
STATE/ZIP: _____ PHONE: _____

Condominiums, Townhouses and Co-ops
- If a formal Homeowners Association exists and all unit owners pay their water bill through the Association, then
A) If the Association's account reflects no past due balance, an FPC will be issued without additional documentation.
B) If the Association's account reflects a past due balance, a formal "Paid Assessment Letter" is required.

CHECK APPLICABLE
 SINGLE FAMILY RES. MIXED USE (COMMERCIAL/RESIDENTIAL) NEW CONST. (Describe) _____
 TOWNHOUSE CONDO OR CO-OP CONDO CONVERSION REFINANCE ONLY
 ASSOC. LTR. COMMERCIAL VACANT LOT
 APT. BUILDING # OF UNITS _____ INDUSTRIAL OTHER (Describe) _____

BUYER REQUESTS NEW BILLING BE MAILED TO:
ADDRESS: _____
STATE/ZIP: _____ PHONE: _____
IN ORDER TO AVOID ESTABLISHING MULTIPLE ACCOUNTS, IF BUYER ALREADY HAS ONE OR MORE ACCOUNTS WITH THIS DEPARTMENT, PLEASE LIST THE ACCOUNT NUMBER(S) OR SERVICE ADDRESS(ES) BELOW.

To obtain the Association's account balance please call (312) 744-4426. Once connected, select the "Billing and Payment" option and enter the Association's twelve digit account number.
- If no formal Association exists or if each unit is billed separately, then each unit will be treated as and subject to the same procedures as a single family residence.

2. TO SCHEDULE A METER READING
CONTACT PERSON DAYTIME PHONE: _____
NAME: _____ PHONE: _____

BUYER'S ATTORNEY
NAME: _____ PHONE: _____

New Construction, Rehabs and Condo Conversions
Before an FPC will be issued:
- You must have all necessary plumbing permits.
- Meter(s) must be set by a licensed, bonded plumbing contractor.
- Meter(s) must be controlled by Meter Shop To make necessary arrangements call (312) 747-2862.
- A property that is "in the hands of the developer" is not treated as a condo until 75% of the units have been sold. A reading is required unless the meter has been read in the last (60) sixty days.

WE MUST BE ABLE TO REACH THIS PERSON BETWEEN 7:00 A.M. AND 3:30 P.M. IF WE MUST RE-SCHEDULE A FINAL READING PLEASE ALLOW ANOTHER 10 DAYS

5. SELLER INFORMATION
NAME: _____
PRESENT ADDRESS: _____
STATE/ZIP: _____ PHONE: _____
NEW ADDRESS: _____
STATE/ZIP: _____ PHONE: _____

Special Full Payment Certifications
Foreclosures, Tax Deeds, HUD or VA properties Receiverships, Bankruptcies, Lien Releases and Payoff Letter requests must be directed to: Legal Services—PH: (312) 747-8051 FAX (312) 747-6894

3. FINAL BILL
FINAL BILL IS \$ _____ IF PAID ON _____ BASED ON
 A FINAL METER READING TAKEN ON _____
 A NON-METERED TERM ENDING ON _____
 AN FPC FEE ONLY/REASON _____

SELLER'S ATTORNEY
NAME: _____ PHONE: _____

FPC BY FAX
FAX ALL FPC APPLICATIONS TO: (312) 747-8321
When faxing an application for FPC, you must include all necessary documentation as specified above. All applications must be completely filled out. When faxing a legal description an address must be written on the legal. Do not fax the Tax Declaration form. All faxed applications are to be picked up at The Department of Revenue, City Hall Room 107. Allow (10) ten business days to process.

CLOSING BASED ON A FINAL METER READING MUST OCCUR WITHIN 60 DAYS OF EITHER:
A) THE FINAL READING DATE, OR B) THE AUTHORIZATION DATE, WHICHEVER DATE IS EARLIER.
- CLOSING BASED ON A NON-METERED TERM MUST OCCUR WITHIN 60 DAYS OF AUTHORIZATION DATE
- ATTORNEYS ARE RESPONSIBLE FOR PRORATING FROM APPLICABLE DATE ABOVE TO DATE OF CLOSING.
- ANY WATER, SEWER, PENALTY OR OTHER CHARGE THAT ACCRUES TO THE ACCOUNT AFTER THE AUTHORIZATION DATE WILL BE AUTOMATICALLY TRANSFERRED TO BUYER IF NOT PAID AT CLOSING.

6. PREPARER INFORMATION
NAME OF PREPARER: _____
 INDIVIDUAL LAW FIRM TITLE CO. SERVICE CO.
 OTHER/DESCRIBE: _____
COMPANY NAME: _____
ADDRESS: _____
STATE/ZIP: _____ PHONE: _____

THIS CERTIFICATION AUTHORIZED by: _____ **AUTHORIZATION DATE:** _____

APPLICATION NOT VALID UNLESS PROCESSED BY THE CHICAGO DEPARTMENT OF WATER MANAGEMENT



CERTIFICATE OF ZONING COMPLIANCE

Department of Zoning
 City Hall, Room 905
 121 N. La Salle Street
 Chicago, IL 60602-1211

Phone: 312-744-6317
 TTY: 312-744-2950
 No fax filing permitted
 Hours: 8:30 a.m.- 4:15 p.m.

A Certificate of Zoning Compliance certifies the number of dwelling units at a property that are legal under the Chicago Zoning Ordinance (Title 17 of the Municipal Code of Chicago). This form is for use with buildings containing one to five dwelling units that are not condominiums or co-ops. Please read the instructions and disclaimers on both sides of this form before filling out this application.

Part One: Application for Certificate of Zoning Compliance

INSTRUCTIONS: This section must be filled out completely, signed by the owner or the owner's agent, and presented in person or by mail to the Department of Zoning. Payment of a \$90.00 fee is required at the time this application is filed, payable to "City of Chicago Dept. of Revenue." Please clearly print or type.

1. Address of the Property: _____
2. PIN: _____ - _____ - _____ - 0000

Number of Dwelling Units at the Property	Main or Base Building	Res or Other Building
Basement		
First Floor		
Second Floor		
Third Floor		
Other (Specify)		
Total		

4. Owner Information:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

5. Contact Person:

Name: _____
 Phone: _____

6. I, the undersigned, certify that the information provided above is true, correct, and complete.

Signature: _____ Date: _____

Print Name: _____ Owner Agent

DEPARTMENT OF ZONING USE ONLY - DO NOT FILL IN BELOW THIS LINE

Part Two: Certificate of Zoning Compliance

The application is: Approved Denied

DISCLAIMER: This Certificate does not certify a dwelling unit's compliance with the Chicago Building Code or the permit requirements of the Chicago Building Code.

Certified as _____ total dwelling units

Date Received: _____

This Certificate may be picked up on:

After 7 days, this Certificate will be mailed to the Owner listed in Section 4.