LEE COUNTY HEALTH DEPARTMENT
Environmental Health Services
309 South Galena Avenue; Suite 100
Dixon, IL 61021
Phone: (815) 284-3371
Fax: (815) 288-1811
www.lchd.com

REQUEST FOR ZONING INSPECTION **REQUEST NUMBER** _____

$50.00 A $25.00 SERVICE CHARGE WILL BE ASSESSED ON ALL RETURNED CHECKS.

PLEASE PRINT OR TYPE AND USE CORRECT NAMES

Date of Request Requesting Party/Name/Phone Number/Fax Number

Current Property Owner (Use proper names)

Address of Property

*Permanent Parcel Number (located on tax records or phone 288-4483)

Subdivision or Directions to the Property

TYPE OF INSPECTION(S) REQUESTED:

	SEPTIC SYSTEM INSPECTION
	WELL INSPECTION
	BOTH SEPTIC AND WELL INSPECTION

(Septic inspections require that the septic tank outlet lid be exposed and removed prior to the appointment.)

Send Report and/or Bill to: **ATTN:**

Address City State Zip Code

Property History - (List below ALL previous owners - first and last names and dates of ownership)
This information is available through the Lee County Assessors Office at (815) 288-4483.

Office Use Only Below:

Date of Inspection Time of Inspection Date Report/Statement Sent

Date Septic Approved/Permit Number Date Well Aproved/Permit Number

Date Fee Received Initials Cash Receipt # or Check # Amount