Date 5/31/22 Permit No. GC 2201529

# *CERTIFICATE OF OCCUPANCY*

## CITY OF GRANITE CITY, ILLINOIS

DEPARTMENT OF BUILDING & ZONING

**Rental Occupancy** **Home Sale** **Owner Occupied**

**Address:** 2227 Alexander

Occupants: Jason Baddick

Children

**Owner:** Robert Russell Phone 618 610 1233

Address 3014 Madison State IL Zip 62040

**NOTE: A new certificate is required for any change of tenants, or if the USE of the building or premises is changed, or if alterations are made to the building or property described. A new certificate voids any certificate of prior date.**

Approved Date: 06/02/22 Inspector:

**Ameren IP 800-755-5000 * Water Co. 800-422-2782 * Republic 618-659-5360 * Sewer Billing 618-452-6211**

6/1/22 10:00

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# *CITY OF GRANITE CITY, ILLINOIS*

## OCCUPANCY INSPECTION REPORT

Ordinance Number 4168

Date: 5/31/22

**Rental Address** 2222 Alexander

Tenants Jason Bladdick

Children: ____

Owner: Robert Russell Address 3014 Madison

State IL Zip 62040 Phone: 618 610 1233 Other ____

1 **Bedroom(s) size** 10 x 12 ___ x ___ ___ x ___ ___ x ___ **Electric** - ON/OFF **Water** - ON/OFF (At inspection time)

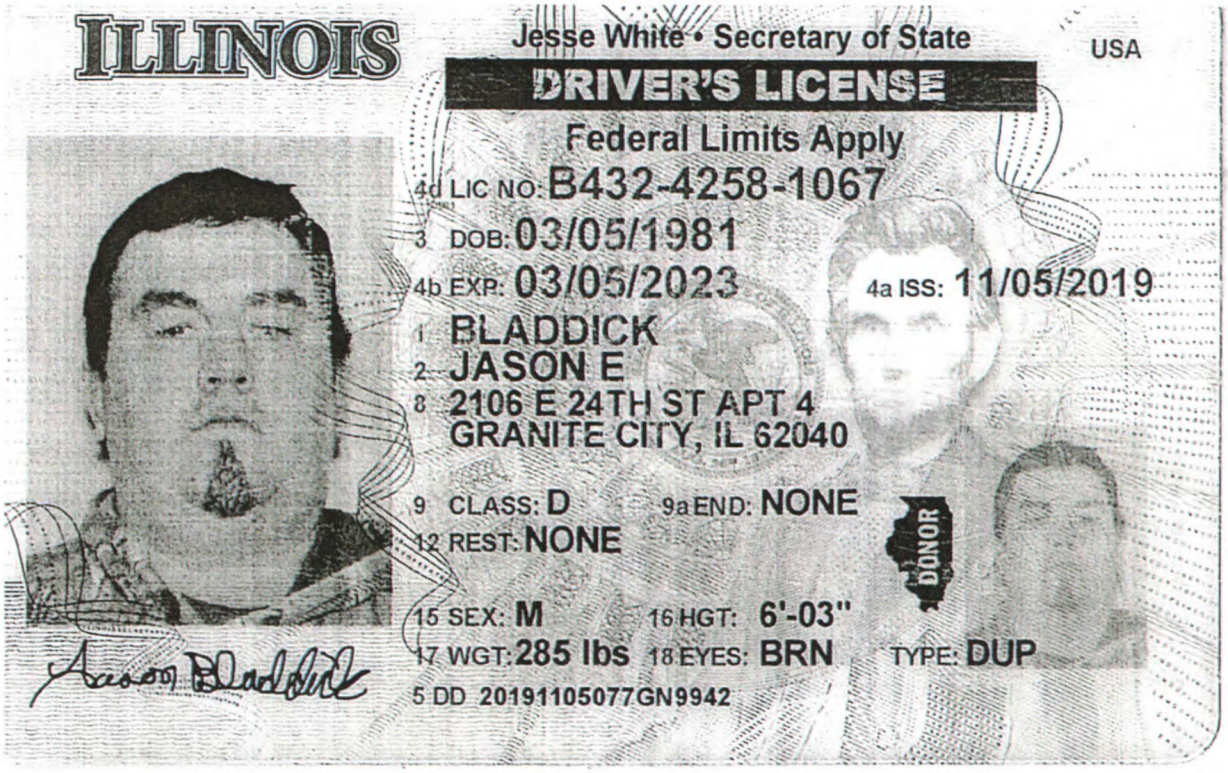
1. ____
2. ____
3. ____
4. ____
5. ____
6. ____
7. ____
8. ____
9. ____
10. ____
11. ____
12. ____
13. ____
14. ____
15. ____
16. ____

**Failed Inspection: Date** ____ **Red Tag Affixed: Y N** **Inspector:** ____

**Failed Inspection: Date** ____ **Inspector:** ____

**Passed Inspection: Date** 06/02/22 **Inspector:** ____

**Make necessary repairs and call secretary to schedule reinspection within 07 days -- Phone 452-6218**


ILLINOIS
Jesse White • Secretary of State
USA
DRIVER'S LICENSE
Federal Limits Apply
4d LIC NO: B432-4258-1067
3 DOB: 03/05/1981
4b EXP: 03/05/2023
4a ISS: 11/05/2019
1 BLADDICK
2 JASON E
8 2106 E 24TH ST APT 4
GRANITE CITY, IL 62040
9 CLASS: D
9a END: NONE
12 REST: NONE
DONOR
15 SEX: M
16 HGT: 6'-03"
17 WGT: 285 lbs
18 EYES: BRN
TYPE: DUP
5 DD 20191105077GN9942

## LEASE ADDENDUM FOR CRIME FREE HOUSING

In consideration of the execution of a lease of the dwelling unit identified in the lease, Lessee and Lessor agree as follows:

1. Lessee or any member of lessee's household, shall not engage in criminal activity, including drug-related criminal activity on the premises. "Drug-related criminal activity" means the illegal manufacture, sale distribution, use or possession with intent to manufacture, sell, distribute, or use a controlled substance (as defined in section 102 of the Controlled Substance Act 21 U.S.0 sect 12).

2. Lessee's guest or other person under the lessee's control shall not engage in criminal activity, including drug-related criminal activity, on the premises. "Drug-related criminal activity" means the illegal manufacture, sale distribution, use or possession with intent to manufacture, sell, distribute, or use a controlled substance (as defined in section 102 of the Controlled Substance Act 21 U.S.0 sect 12).

3. Lessee or members of lessee's household, shall not engage in any act intended to facilitate criminal activity, including drug-related criminal activity on the premises.

4. Lessee's guest or other person under the lessee's control shall not engage in any act intended to facilitate criminal activity, including drug related criminal activity, on the premises, regardless of whether or not the individual engaging in such activity is a household member or guest.

5. Lessee or a member of the lessee's household will not engage in the manufacture, sale, possession or distribution of illegal drugs on the premises.

6. Lessee or any member of the lessee's household shall not engage in acts of violence or threats of violence, including but not limited to, the unlawful discharge of firearms on the premises.

7. Lessee's guest or other person under the lessee's control shall not engage in acts of violence or threats of violence, including but not limited to, the unlawful discharge of firearms on the premises.

8. Lessee, or a member of lessee's household, shall not engage in any criminal activity found to be equivalent to a Forcible Felony, on the premises. "FORCIBLE FELONY" is defined as treason, first degree murder, second degree murder, predatory criminal sexual assault of a child, aggravated criminal sexual assault, criminal sexual assault, robbery, burglary, residential burglary, aggravated arson, arson, aggravated kidnapping, kidnapping, aggravated battery resulting in great bodily harm or permanent disability or disfigurement and any other felony which involves the use or threat of physical force or violence against any individuals. (720 ILCS 5/2-8).

9. Conviction of lessee, a member of lessee's household, or a guest of lessee, for drug related criminal activity, or a Forcible Felony anywhere in the corporate limits of the City of Granite City, shall constitute material noncompliance with the lease.

10. VIOLATION OF ANY OF THE ABOVE PROVISIONS SHALL BE A MATERIAL VIOLATION OF THE LEASE AND GOOD CAUSE FOR TERMINATION OF TENANCY. A single violation of the provisions of this addendum shall be deemed a serious violation and material noncompliance with the lease. It is understood and agreed that a single violation of any of the provisions listed above shall be good cause for termination of lease, unless otherwise provided by law. Proof of violation as set forth in 1-8 above shall not require criminal conviction, but shall be by a preponderance of the evidence.

11. In case of conflict between the provisions of this addendum and any other provision of the lease, the provisions of this addendum shall govern.

12. This lease addendum is incorporated into the lease between the Owner/Landlord or its agent and lessee.

Property Address 2222 Alexander St

LESSEE Jason Blackstock DATE 5-25-22

LESSEE _____ DATE _____

OWNER/
LANDLORD/AGENT _____ DATE 5.31.22

# REQUEST FOR OCCUPANCY INSPECTION

This form **must** be filled out and returned to the **Building and Zoning Dept.** 2000 Edison Ave., Granite City, Illinois 62040 with a **copy of a signed Crime Free Lease Addendum & lease agreement listing all occupants before any occupancy permit will be considered or scheduled.** If you have any questions you may call the Building & Zoning Dept. Monday thru Friday **8:00 a.m. to 4:00 p.m. 618-452-6218**

Date 5 / 31 / 22 (Month / Day / Year) Location 2222 Alexander ST, GC IL 62040 (Address of property to be rented)

Owner Robert (First Name) Russell (Last Name)

Manager same as above (Name) Phone — (Number)

Address of Owner 3014 Madison Ave, GC IL 62040 (Number / Street / City / ZIP)

Phone No. of Owner — Cell 618.610.1233

**Everyone 16 and over must have "*VALID*" U.S. picture ID**

**Please list ALL Occupants**

| | First | M.I. | Last | Male/Female | Date of Birth |
|---|---|---|---|---|---|
| 1. | Jason | M | Biddick | Male | 3/5/81 |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |

| Signature of Renter(s) | Phone # | Email Address |
|---|---|---|
| Jason Biddick | 618-917-4295 | jebiddick3581@gmail.com |
| | | |

RENTAL AGREEMENT 2222 Alexander ST. GC. IL 62040

Date: 5-25-22

Agreement between Jason Bladdick Tenant ~~Owner(s)~~,
and, Robert Russell Owner
~~Tenant(s)~~
for a dwelling located at, 2222 Alexander ST, GC IL 62040

Tenant(s) agree to rent this dwelling on a month-to-month basis for
$ 550, per month,
payable in advance on the 1 day of the calendar month.
NOTE: Late fee assessed after due date of $ 100, After 1ST of month

The first month's rent for this dwelling is $ 550,
Prorated YES or NO.

The security/cleaning deposit on this dwelling is $ 550 It is
if Tenant(s) return The Property in the same condition when moved in based on the
TRAP Inspection JB

Tenant(s) will give 30 days' notice in writing before they move and will be responsible for paying rent through the end of this notice period or until another tenant approved by the Owner(s) has moved in, whichever comes first.

Owners will refund all deposits due within "30 days" after Tenants has/have moved out completely and returned the keys. Also Based on the Trap Inspection.
JB

Only the following persons 1 and 0 pets are to live in this dwelling described as above.

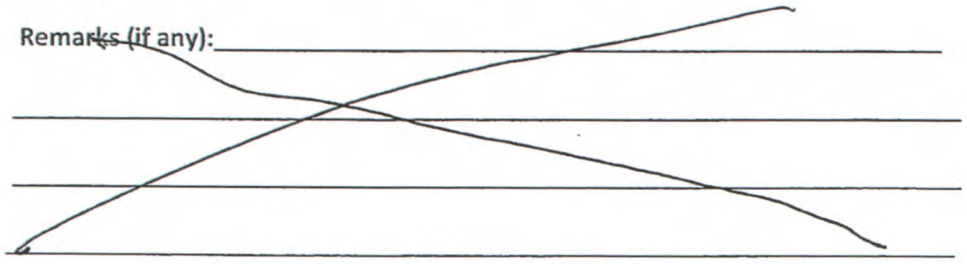
without Owners' prior permission written permission, no other persons may live there and no other pets may stay there, even temporarily, nor may the dwelling be sublet or used for business purposes.

Tenant Jason Bladdick

Manager MR

Use of the following is included in the rent:

Remarks (if any):



*TENANTS AGREE TO THE FOLLOWING*:

1) to accept the dwelling "as is," having already inspected it.

2) to keep yards and garbage areas clean.

3) to keep from making loud noises and disturbances and to play music and broadcast programs at all times so as not to disturb other people's peace and quiet.

4) not to paint the dwelling without first getting Owner(s) written permission.

5) to park motor vehicles in the assigned space and to keep that space clean of oil drippings and grease.

6) not to repair motor vehicle on the premises (unless it is in an enclosed garage) if such repairs will take longer than a day.

7) to allow Owner(s) to inspect the dwelling, work on it, or show it to prospective Buyers/any and all prospects.

8) Tenant(s) are solely responsible for Pest control. Ants, bugs, spiders, roaches, elephants any and all of gods creatures,

9) If property Manager is forced to maintain yard to comply with City Ordinance, Lawn Mowing, Weed eating and Blowing will be billed @$35.00 per Maintenance.

Tenants. Aaron Bloodside

Manager. N V

# Occupancy Inspection Form

Address: Date: 1/26/2022

Inspector: JOE NICOLUSSI CE3015 Pass:☒ Fail:☐

**Interior Dwelling Units:**

**A) Living Room, Dining Room, and Hallway Areas;**

1. Are smoke and heat and carbon monoxide detectors in place and operating properly? Have the detectors been replaced, if so, were they replaced with the proper approved device as required by fire code?

Pass: ☑ Fail: ☐

Comment: Click or tap here to enter text.

2. Are electric fixtures such as air conditioners, lights, fans etc. installed properlyand are they in good working condition?

Pass: ☒ Fail: ☐

Comment: Click or tap here to enter text.

Is there power to all receptacles in the unit, is the polarity correct (are they wired correctly), this can be tested with a standard G.F.I. Tester, are they filled with painter are they cracked or damaged in any way? Are any of the receptacles or tights switchesmissing cover plates?

Pass: ☑ Fail: ☐

Comment: Click or tap here to enter text.

3. Do the light switches work, are they cracked or do you notice any arcing or sparks in the switch when operating it?

Pass: ☒ Fail: ☐

Comment: Click or tap here to enter text.

4. If there is a circuit breaker panel in the unit, is it clearly and correctly marked or labeled? Are there any open knockouts that need to be plugged?

Pass: ☒ Fail: ☐

Comment: Click or tap here to enter text.

5. Are the entry doors and jambs to the units in good condition, do they lock and latch properly, do they have the proper security locks and door scopes?

Pass: ☒ Fail: ☐

Comment: Click or tap here to enter text.

6. Are the windows in good weather tight condition, do they have bad seals, causing, them to cloud up, do they operate properly, is there any cracked or broken glass/ are all the window screens in place and are they damaged in any way?

Pass: ☒ Fail: ☐

Comment: Click or tap here to enter text.

7. Do the closet doors operate properly, are they damaged in any way, is the closet shelving in place and secure?

Pass: ☒ Fail: ☐

Comment: Click or tap here to enter text.

8. Is there any damage to the walls or ceilings such as holes, crack, water stains, drywall nails popping out, peeling paint etc.?

Pass: ☒ Fail: ☐

Comment: Click or tap here to enter text.

9. Are the floor coverings in good condition, is there any wrinkled or torn carpeting that cause a trip hazard?

Pass: ☒ Fail: ☐

Comment: Click or tap here to enter text.

**A) Kitchen;**

1. Do the plumbing fixtures operate properly including supply valves, are there ay leaks?

Pass: ☑ Fail: ☐

Comment: Click or tap here to enter text.

2. Are the electric fixtures such as hood fans, lights, exhaust fans etc., installedand operating properly, are the receptacles and switches in good condition?

Pass: ☑ Fail: ☐

Comment: Click or tap here to enter text.

3. Is the oven in good condition, is the gas hooked up correctly, is there a smell of gas in the room, does the oven door close completely, are all the control knobs in place and operating properly?

Pass: ☑ Fail: ☐

Comment: Click or tap here to enter text.

4. Is the refrigerator and freezer in good working condition, do the doors closeand seal property?

Pass: ☑ Fail: ☐

Comment: Click or tap here to enter text.

5. If there is a garbage disposal and /or a dishwasher, are they in good working condition?

Pass: ☑ Fail: ☐

Comment: Click or tap here to enter text.

6. Are the cabinets and counter tops in good condition?

Pass: ☑ Fail: ☐

Comment: Click or tap here to enter text.

7. Are the walls and ceiling in good condition, is the floor tile in good condition?

Pass: ☑ Fail: ☐

Comment: Click or tap here to enter text.

### C. Bathroom

1. Are plumbing fixtures in place and operating properly, including toilet, tub,and shower units, sinks, supply valves, etc., are there any leaks?

Pass: ☒ Fail: ☐

Comment: Click or tap here to enter text.

2. Are electrical fixtures, including lights, exhaust fans, etc., installed and operating properly?

Pass: ☒ Fail: ☐

Comment: Click or tap here to enter text.

3. Is the G.F.I. receptacles wired and functioning correctly, is the light switch operating properly?

Pass: ☒ Fail: ☐

Comment: Click or tap here to enter text.

4. If there is a window, is it in good weather tight condition, is there a screen in the window, and is there any cracked or broken glass? If no window is there an exhaust fan and is it good working condition?

Pass: ☒ Fail: ☐

Comment: Click or tap here to enter text.

5. Are the walls, ceiling and floor in good condition, is there any peeling paint, waterstains, loose or missing tile, is there any mold?

Pass: ☒ Fail: ☐

Comment: Click or tap here to enter text.

### D. Bedrooms, Dens and Other Living Areas;

1. Is there power to all receptacle, are they filled with paint or cracked, are theswitches in good working order, are all the cover plates in place?

Pass: ☒ Fail: ☐

Comment: Click or tap here to enter text.

2. Are the closet doors and room doors and jambs in good condition andfunctioning properly, are the closet shelves in good condition and secure?

Pass: ☒ Fail: ☐

Comment: Click or tap here to enter text.

3. Are the windows in good weather tight condition, do they function properly,are the screens in place and in good condition, is there any broken glass?

Pass: ☒ Fail: ☐

Comment: Click or tap here to enter text.

4. Are the walls, ceiling and floor in good condition, are there any water stains, peeling paint, holes, cracks, nails pops, and there any trip hazards such as tom or wrinkled carpet?

Pass: ☒ Fail: ☐

Comment: Click or tap here to enter text.

**E. General**

1. Are all hand railing secure, are the railing missing any balusters, are they rusty, orin need of paint, in good condition, need of paint?

Pass: ☒ Fail: ☐

Comment: Click or tap here to enter text.

2. Is the unit reasonably clean, is there a bug problem?

Pass: ☒ Fail: ☐

Comment: Click or tap here to enter text.

**F. Exterior**

1. Are all exterior walls, soffit and fascia etc., free of holes, breaks, loose or rotting material and maintained weatherproof and properly surface coated to prevent deterioration?

Pass: ☒ Fail: ☐

Comment: Click or tap here to enter text.

2. Are all gutters and downspouts in good working condition and free of debris?

Pass: ☒ Fail: ☐

Comment: Click or tap here to enter text.

3. Are the downspouts extensions or splash blocks in their proper place as to direct roof drainage away from building foundation?

Pass: ☒ Fail: ☐

Comment: Click or tap here to enter text.

4. Are all exterior electrical installations properly installed with material approved for such use?

Pass: ☒ Fail: ☐

Comment: Click or tap here to enter text.

5. Is any of the concrete in need of repair or replacement, are any of the stoops or patios sinking, remember the maximum rise for a step is seven (7) inches.

Pass: ☒ Fail: ☐

Comment: Click or tap here to enter text.

6. Are exterior stairway handrails in place and secure?

Pass: ☒ Fail: ☐

Comment: Click or tap here to enter text.

7. Are the building address numbers in good condition and clearly visible from the street or parking lot?

Pass: ☒ Fail: ☐

Comment: Click or tap here to enter text.

8. Are all parking lot and driveway areas in a proper state of repair and maintained free of hazardous conditions?

Pass: ☒ Fail: ☐

Comment: Click or tap here to enter text.

9. Are dumpster areas reasonably clean, are dumpster screens in good condition?

Pass: ☒ Fail: ☐

Comment: Click or tap here to enter text.