



20 S. Ardmore Avenue
Villa Park, IL 60181
(630) 834-8500

FOR OFFICE USE ONLY		
Date Received: _____	Amt. Rcvd.: _____	Check #: _____
Director OK for Inspection: _____	Bldg. Insp. Date/Time: _____	Fire Insp. Date/Time: _____
Final Approvals:		
Bldg. Inspector _____	Health Dept. _____	
Fire Dept. _____	Liquor License _____	
Director OK _____	Date Issued: _____	C.O. No. _____

CERTIFICATE OF OCCUPANCY APPLICATION

Anticipated Date of Occupancy: _____

- New Business
 Name Change
 Ownership Change
 Location Change
 Building Ownership

PROPERTY ADDRESS: _____

BUSINESS INFORMATION

Business Name _____

Business Address _____

Business Phone No. _____ Website _____

Type of Business _____
(in detail) _____

III. Retailers Occupation Tax No. (Sales Tax No., if applicable) (attach copy) _____

DuPage County Health Department Permit is required for the following. Will you offer:

Food _____ Daycare _____ Tanning Beds _____ Other _____

(If yes to any of the above, a Health Dept. permit must be attached to this application.)

A liquor license if required if liquor is being sold: Yes No

No. of Employees: _____ No. of Parking Space* _____ No. of Restrooms _____

Building Sprinkler: Yes No Leased Space Sprinkler: Yes No Fire Alarm System: Yes No

No. of Vending Machines: _____ What type: _____

Waste Hauler: _____

Hazardous Materials/Products: Yes No If yes, list or attach MSD sheet: _____

Hazard Insurance: _____

*Adequate off-street parking must be provided. If this is a multi-tenant building, the total number of parking spaces and the number assigned to this space must be identified. A plat of survey and/or parking layout plan may be required.

ZONING INFORMATION

Zoning of Property _____ Parcel Identification Number (PIN) _____

BUSINESS NAME: _____ **PROPERTY ADDRESS:** _____

BUSINESS OWNER INFORMATION

Name _____
Home Address _____
City, State, Zip _____
Home Phone Number _____ E-mail _____
Business Manager Contact (if different than above):
Name _____ Phone No. _____

BUILDING OWNER INFORMATION

Name _____
Address _____
City, State, Zip _____
Business Phone _____ Home Phone _____ E-mail _____

STRUCTURE INFORMATION

Total Square Footage of floor area this business will be occupying: _____

Type of Structure: Wood Frame Concrete Steel No. of Stories: _____

	Basement	1st Floor	2nd Floor
Total Square Footage			
Tenants (other)			

Please use the back of this page if further information needs to be provided.

I, the undersigned, hereby certify that I have read the foregoing application and information, understand same and that the representations made therein are correct and accurate.

Signature of Business Owner

Signature of Property Owner

Print Business Owner's Name

Print Property Owner's Name

Telephone Number

Date

Telephone Number

Date

(For Office Use Only)

INSPECTION OF PREMISES

As part of the Certificate of Occupancy application procedure, an inspection of the premises will be made by the Community Development and Fire Departments. This inspection should be scheduled within 48 hours after submitting this application. Your building and/or land is not to be occupied until application has been made, an inspection has occurred, any required modifications are accomplished and the formal certificate of occupancy is signed and issued.

Inspection Performed Date: _____ Modifications to be made? Yes, see attached No

Reinspection Date: _____ (if required)