



Village of Villa Park

11 West Home Avenue, Villa Park, Illinois 60181-2696

Community Development Department

Phone (630) 834-8505
Fax (630) 834-8509
TDD (630) 834-8589

APPLICATION FOR CERTIFICATE OF OCCUPANCY

Notice to Applicant

Application is hereby made for a Certificate of Occupancy as required under the Villa Park Zoning Ordinance for the use of building and land. In making this application, the applicant represents all of the following information is a true description of the proposed new use or altered use or uses. The applicant agrees that the permit applied for, if granted, is issued on the representations made herein and that any permit issued may be revoked without notice on any breach or representations or conditions.

The applicant is hereby advised that it is a violation of Section 6.6. of the Villa Park Zoning Ordinance to occupy buildings or land in the following instances without first having been issued a certificate of occupancy:

1. Occupancy and use of a building newly constructed or enlarged;
2. Change in use of an existing building;
3. Change in use of vacant land;
4. Change in use of land to a different classification;
5. Any change in the use of a nonconforming use and
6. Any change of ownership of an existing business or new business

THIS IS ONLY THE APPLICATION FORM. YOUR BUILDING AND/OR LAND IS NOT TO BE OCCUPIED IN THE ABOVE-CITED CASES UNTIL APPLICATION HAS BEEN MADE, AN INSPECTION HAS OCCURRED, ANY REQUIRED MODIFICATIONS ARE ACCOMPLISHED AND THE FORMAL CERTIFICATE OF OCCUPANCY IS SIGNED AND ISSUED.

Application Fees

An application fee is to be paid at the time the Certificate of Occupancy application is submitted to the Community Development Department and is based on the following square footage requirements:

| | |
|--------------------------|--|
| Under 10,000 square feet | \$100.00 |
| Over 10,000 square feet | \$100.00 plus \$2.00 per 1,000 sq. ft. over 10,000 sq. ft. |



Community Development
Department

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Villa Park, IL 60181
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FOR OFFICE USE ONLY

| | | |
|-------------------------|-----------------------------|----------------|
| Date Received _____ | Amt. Rcvd _____ | Check # _____ |
| Zoning Review _____ | Bldg. Insp. Date/Time _____ | |
| | Fire Insp Date/Time _____ | |
| Final Approvals: | | |
| Bldg. Inspector _____ | RPZ Vale Checked _____ | |
| Plbg. Inspector _____ | Liquor License _____ | |
| Fire Dept. _____ | Police Dept. _____ | |
| Health Dept. _____ | Gaming License _____ | |
| Final Approval _____ | 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) _____
 Business E-mail _____
 Illinois 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

Re-inspection Date: _____ (if required)



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CERTIFICATE OF OCCUPANCY INSPECTION AGREEMENT

No Certificate of Occupancy inspections can be scheduled until all furniture, equipment, shelving, computers, etc. are in place.

Once the space is set up and ready for the business to open, then you need to contact the Community Development Department at (630) 834-8505 and set up an inspection with the Building Department and the Fire Department.

* * * * *

I have read the above and agree to the terms as stated above:

Owner or Agent Signature

Print Business Owner or Agent Name

Business Name

Site Address



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FOR PROPERTY OWNER TO COMPLETE, SIGN AND RETURN

VILLAGE OF VILLA PARK REQUEST FOR GRAFFITI REMOVAL AND WAIVER AND RELEASE OF ALL CLAIMS

PLEASE READ THIS FORM CAREFULLY AND BE AWARE THAT IN REQUESTING THAT THE VILLAGE OF VILLA PARK REMOVE GRAFFITI FROM THE EXTERIOR OF YOUR PROPERTY YOU WILL BE WAIVING AND RELEASING ALL CLAIMS AGAINST THE VILLAGE FOR ANY DAMAGE AND/OR INJURIES YOU MAY SUSTAIN.

I, _____, hereby request and authorize the Village of Villa Park to enter the premises located at _____, Villa Park, Illinois, for the purpose of removing graffiti from the exterior of the property.

I recognize and acknowledge that there are certain risks in the removal of graffiti from my property and I agree to assume the full risk of any injuries or loss I may sustain as a result and thereby waive and relinquish all claims I may have against the Village of Villa Park, its officers, agents, servants and employees related to the removal of graffiti from the above-listed property by the Village of Villa Park, its officers, agents, servants or employees.

I do hereby fully release and discharge the Village of Villa Park, its officers, agents, servants and employees from any and all claims from damage and/or injuries which I may have or which may accrue to me from the removal of graffiti from the above-listed property by the Village of Villa Park, its officers, agents, servants or employees.

I do further agree to indemnify and hold harmless and defend the Village of Villa Park, its officers, agents, servants and employees from any and all claims resulting from injuries including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with the removal of graffiti from the above-listed property by the Village of Villa Park, its officers, agents, servants or employees.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER AND RELEASE OF ALL CLAIMS.

Signature: _____
(Authorized Agent or Property Owner)

Address: _____

Name: _____

State/Zip _____

Phone No.: _____

Date: _____

This authorization shall be active until such date that there is an ownership change, however, the authorized agent or owner must contact the Public Works Department at 630-834-8505 and report each occurrence.