



CITY OF WEST CHICAGO

Cert. of Occ. No. _____

Application for Certificate of Occupancy

Page 1

Ph. 630-293-2200, x 131
Fax 630-293-1257
bregistration@westchicago.org
www.westchicago.org

Please check one:
(See Page 2 for
payment information)

New Business or New Location Registration \$55.00 for new businesses. Expansions within the City exempt from fee.

Fee Exempt \$0.00 for government agency, not-for-profit, religious, or charitable organization.

Registration Transfer \$55.00 for existing West Chicago businesses with a change in ownership.

Relocation or Name Change \$0.00 for an existing business relocating within the City, changing name or updating contact info.

Business Activity and Location

Business address _____ West Chicago, IL 60185
(Include Bldg. No. and/or Suite/Unit/Floor No.)

Business name _____
(Doing Business As)

Primary contact person _____
(First Name) (Last Name) (Title)

Contact Phone _____ Contact Email _____

Business website _____ No. of Employees _____

Type of business (check all that apply) Retail Wholesale Office Warehouse Manufacturing Services

Please describe ALL activities and operations performed and ALL products and materials stored or sold

Please describe ALL business related materials to be stored outside, such as fleet vehicles, equipment, inventory, etc.

Building Ownership Information

Square footage of business space _____ Owned Purchasing _____ Leased _____
(Closing date) (Lease renewal date)

Building Owner Name _____ Phone _____

Statement of the Applicant

With my signature here, I certify that all of the information provided is true and accurate. Furthermore, my signature certifies that I have read and agree with all of the following:

- ⇒ After this Application for Certificate of Occupancy has been reviewed by City staff, the building or space to be occupied shall be brought into compliance with all applicable City codes. The building shall pass a change of occupancy inspection from both the City of West Chicago and the West Chicago Fire Protection District. If any building violations are found as a result of said inspection, all violations shall be corrected and a re-inspection approved *before* a Certificate of Occupancy will be issued.
- ⇒ Your signature here acknowledges that if you occupy the building prior to the issuance of a Certificate of Occupancy, you will be in violation of City code and subject to penalty.
- ⇒ Your signature here also acknowledges that all new signage (temporary or permanent) must be approved via a permit issued by the City prior to the sign installation.

(Signature of Applicant) (Printed Name) Owner Tenant (Please Check) _____ (Date)

Possible Business Requirements

- ⇒ If building/remodeling work is planned, has a permit been applied for? Yes Not Yet _____ None Expected
(Date Anticipated)
- ⇒ If new signage (temporary and/or permanent) is planned, has a permit been applied for? Yes Not Yet None Expected
- ⇒ Is subject property located in the Historic District? Yes No If yes, Historical Preservation Commission review is required for any exterior improvements including signage.
- ⇒ If a possible license required for specialty sales such as liquor, tobacco, vending games, etc.? Yes None Expected
Please contact our Administrative Services Department at 630.293.2200 X171 for further information and license applications.

Application Submittal & Fee Payment

Step 1: This application form may be submitted by email, mail or in person. You will be notified by City staff by when your application has been approved.

Step 2: Upon review of your application we will assist you in setting up an appointment time to inspect the business space with the Building Department and the Fire District present. Any code violations identified at the inspection will need to be remedied and a re-inspection scheduled to confirm code compliance *before* you move in.

Step 3: Once the inspection is approved, please pay the inspection fee and any applicable Business Registration fee. Payment may be made in person or by mail. Cash, credit or debit and checks (payable to City of West Chicago) are accepted. Completion of a Water Usage Survey is also required prior to or at the time of payment.

Step 4: Your Certificate of Occupancy will be mailed to you (or you may opt to pick it up in person).

NOTE: The registration of your business expires on December 31st each calendar year. Please make plans to renew your Business Registration prior to this date each year as required by Municipal Code (Chapter 9 - Article 3). Registration Renewal forms will be mailed and/or emailed to you at the address provided on Page 1 *unless an alternate mailing address is provided below*. While government agencies, non-profits and charities are not required to pay the fee, we do ask you to submit a completed application. **The Business Registration Renewal fee is \$30.00 if postmarked prior to 12/31 each year and \$110.00 if postmarked after that date.**

Alternate Mailing Address

Contact Name and/or Company _____ Email _____

Address _____

City, State Zip _____ Phone _____

- FOR OFFICE USE ONLY -

(Cert. of Occupancy No.) _____

Signature of City Planner _____

Approved Denied

_____ Date

Signature of Assistant Director of Community Development _____

Approved Denied

_____ Date

Signature of Community Development Director _____

Approved Denied

_____ Date

Zoning Code Section: _____ Comments: _____

Inspection fee: _____

Date paid: _____

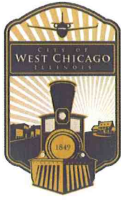
BR fee: _____

Date paid: _____

CO Compliance: _____
Date

Signature _____

Comments _____



**City of West Chicago
Engineering/Building Department/Water Utility Division
Water Usage Survey**

New Building

Date: _____

Existing Building

BUILDING OWNER: _____

BUILDING TENANT & BUSINESS NAME: _____

ADDRESS: _____

PERMANENT PARCEL NO: _____

CONTACT NAME: _____ CONTACT NO: _____

Is there a private well located on this property? **Yes No**

If marked yes, please complete the attached DuPage County Health Department Public Water Connection Information Sheet

Is the well currently in use? **Yes No**

If marked no, has well been properly sealed or capped? **Yes No**

If well has been sealed or capped, please attach a copy of all pertinent documentation to support this work.

POTABLE WATER USED FOR: (Please check all that apply)

- | | |
|---|------------------------------------|
| Domestic Use (e.g., restrooms) _____ | Food Preparation _____ |
| Metal Plating _____ | Photo Laboratory _____ |
| Radioactive Materials _____ | Beverage Processing _____ |
| Car Washing _____ | Mixing Chemicals _____ |
| Food Processing _____ | Laboratory/Analysis _____ |
| Heating/Cooling Systems _____ | Machine Cooling _____ |
| Irrigation Systems _____ | Health Care _____ |
| Laundry or Dry Cleaning _____ | Fire Protection _____ |
| Petroleum processing/storage _____ | Mortuary Use _____ |
| Mixing pesticide, herbicide or fertilizer _____ | Other (please explain below) _____ |

IF DOMESTIC IS THE ONLY LINE CHECKED, PLEASE SIGN BELOW.

I hereby certify that all information above is accurate and that all connections to the potable water supply system are for domestic use only and will be protected from backflow and cross connection hazards.

Signature: _____ Date: _____

IF OTHER THAN DOMESTIC IS CHECKED ABOVE, PLEASE PROCEED TO NEXT SECTION.

IF OTHER THAN DOMESTIC IS CHECKED IN PREVIOUS SECTION, A LICENSED PLUMBER ALSO LICENSED IN BACKFLOW PREVENTION AND CROSS CONNECTION CONTROL MUST CONDUCT A SITE INSPECTION AND COMPLETE THIS SECTION.

PLUMBING SITE INSPECTION CHECKLIST

Vacuum Breakers, Anti-Siphon	_____	Double Check Valve with Atmospheric Vent	_____
Vacuum Breakers, Hose Connection	_____	Reduce Pressure Zone Device	_____
Double Check Valve Assembly	_____	Fixed Air Gap	_____
Dual Check Valve	_____	Anti-Siphon Self-Draining Frost Proof Sillcocks	_____
Vacuum Breakers, Pressure Type	_____		

Comments: _____

I hereby certify that all items related to backflow and to cross connection control have been inspected, tested, or replaced and are in satisfactory condition.

Cross Connection Inspector: _____
Signature Date

Company Name: _____ Plumbing License # _____