

CITY OF WEST CHICAGO

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

Application for Certificate of Occupancy

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.

		stration Transfer \$5 esses with a change					ange \$0.00 for an existing business re hanging name or updating contact info.
Business Activ	vity and	Location					
Business address					(Include Bldg. No	o. and/or Suite/Unit/Floor No.	West Chicago, IL 60185
Business name (Doing Business As)							
Primary contact person	(Last Name)			(First Na	ame)		(Title)
Contact Phone					_ Contact Err	nail	
Business website					No. of Emp	oloyees	
Type of business (che	eck all that apply)	□ Retail □ V	Vholesale	□ Office	□ Warehouse	☐ Manufacturing	□ Services
Please describe ALL and operations perfo ALL products and store	rmed and						
Please describe ALL related materials to outside, such as flee equipment, inve	be stored t vehicles,						
Building Owne	rship In	formation					
Square footage of bu	usiness spa	ce		Owned □	Purchasing _	(Closing date)	Leased(Lease renewal date)
Building Owner Nam	e				Pr	none	

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.

the Oity phor to the sight installation.			
		□ Owner □ Tenant	
(Signature of Applicant)	(Printed Name)	(Please Check)	(Date)



Possible Business Requirements		
⇒ If building/remodeling work is planned, has a permit be	een applied for? Yes Not Yet (Date Anticipated)	ne Expected
\Rightarrow If new signage (temporary and/or permanent) is plann	ed, has a permit been applied for? ☐ Yes ☐ Not Yet ☐ No	ne Expected
⇒ Is subject property located in the Historic District? □ required for any exterior improvements including signal		eview is
⇒ If a possible license required for specialtiy sales such Please contact our Administrative Services Department	as liquor, tobacco, vending games, etc.? ☐ Yes ☐ Nont at 630.293.2200 X171 for further information and license app	ne Expected olications.
Application Submittal & Fee Payment		
Step 1: This application form may be submitted by email, mail been approved.	or in person. You will be notified by City staff by when your applica	ation has
	etting up an appointment time to inspect the business space with the identified at the inspection will need to be remedied and a re-inspe	
	ction fee and any applicable Business Registration fee. Payment r payable to City of West Chicago) are accepted. Completion of a Wa	
Step 4: Your Certificate of Occupancy will be mailed to you (or	you may opt to pick it up in person).	
Registration prior to this date each year as required by Municipor emailed to you at the address provided on Page 1 unless at	mber 31st each calendar year. Please make plans to renew your pal Code (Chapter 9 - Article 3). Registration Renewal forms will be a alternate mailing address is provided below. While government a pask you to submit a completed application. The Business Registrater and \$110.00 if postmarked after that date.	e mailed and/ gencies,
Alternate Mailing Address		
Contact Name and/or Company	Email	
Address		
City, State Zip	Phone	
- F(OR OFFICE USE ONLY - (Cert. of Occupancy No.)	
	(Cert. of Occupancy No.)	
Signature of City Planner	☐ Approved ☐ Denied ☐ Date	
Signature of City Planner	Date	
Signature of City Planner Signature of Assistant Director of Community Development	□ Approved □ Denied □ Date	
	Date ☐ Approved ☐ Denied	
Signature of Assistant Director of Community Development	□ Approved □ Denied □ Approved □ Denied □ Approved □ Denied	
Signature of Assistant Director of Community Development Signature of Community Development Director	□ Approved □ Denied □ Approved □ Denied □ Approved □ Denied	
Signature of Assistant Director of Community Development Signature of Community Development Director	□ Approved □ Denied □ Approved □ Denied □ Approved □ Denied	
Signature of Assistant Director of Community Development Signature of Community Development Director Zoning Code Section: Comments:	□ Approved □ Denied □ Date □ Approved □ Denied □ Date □ Date	