



Planning & Zoning Department  
 255 South Lincoln Avenue  
 O'Fallon, IL 62269  
 (618)624-4500, Ext. 4

## Annual Commercial Inspection Application

CP 2010 - \_\_\_\_\_  
 Fee: \_\_\_\_\_

**Property to be Inspected**     *One Unit per Application*

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Building is:      Owner Occupied      Tenant Occupied

Business Square Footage: \_\_\_\_\_ # of floors: \_\_\_\_\_

Kitchen Fire Suppression System:      Yes      No

Sprinkler System:      Yes      No

Fire Alarm System:      Yes      No

Are there residential units attached/adjoining this business?      Yes      No

If yes, then please complete a separate application for each unit.

**Building Owner Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

I, the undersigned, do hereby certify that I am the owner and authorized to submit an application for the Annual Commercial Inspection. I understand no application will be processed or inspection conducted until full payment is made to the City of O'Fallon. I am also responsible for ensuring the unit is available with all utilities turned on at the time of the inspection. An additional inspection fee will be assessed if the unit is not available for inspection, utilities are not on, or building needs an additional re-inspection because of continued violations. I am responsible for having any violations corrected within 30 days of inspection by calling the Planning and Zoning office to schedule the re-inspection; 618-624-4500 ext. 4. If additional time is needed to repair the violations, I can submit, in writing, a request for an extension; approved on 30 day increments.

\_\_\_\_\_ **I, or the authorized person from the business above, will call to schedule an appointment by the deadline date stated on the accompanied letter.**

\_\_\_\_\_ **An appointment is not necessary. You may do the inspection any time during the normal business hours of \_\_\_\_\_ to \_\_\_\_\_.**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Owner or Authorized Person Signature**

Jan   Feb   March   April   May   June   July   Aug   Sept   Oct   Nov   Dec