



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

Commercial Occupancy Permit Program Application

CP 2008 - _____

Building to be Inspected *One Unit per Application*

Business Name: _____ Phone: _____

Street Address: _____ Unit Number: _____

Business Space is/will be: Building Owner Occupied Tenant Occupied

Old Use: _____ New Use: _____

Business Space Square Footage: _____ # of floors: _____

Kitchen Fire Suppression System Sprinkler System Fire Alarm System

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

Is this a new business? Yes No

Will you be making any interior or exterior renovations, additions, or modifications? Yes No

Building Owner or Authorized Person's Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

I, the undersigned, do hereby certify that I am authorized to submit an application for the Commercial Occupancy Permit Program. 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 due to 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 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 my normal business hours of _____ to _____.**

Building Owner or Authorized Person