



Annual Commercial Occupancy Permit Application

Community Development Department
255 South Lincoln Avenue
O'Fallon, IL 62269
(618)624-4500, Ext. 4
Fax: (618) 624-4534

PM- _____

Fee: \$ _____

Expiration Date: _____

Property to be Inspected *One Unit per Application*

Business Name _____

Street Address _____

Unit/Suite Number _____

Building is/will be: ☐ Owner Occupied ☐ Tenant Occupied

Business Square Footage: _____

of floors: _____

- | | | |
|--|------------------------------|-----------------------------|
| • Kitchen Fire Suppression System (+ \$5.00) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Sprinkler System (+ \$10.00) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Fire Alarm System (+\$5.00) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Are there residential units attached/adjoining this business? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Building Owner Information

Name _____

Phone _____

Address _____

City _____

State _____

Zip _____

Applicant Information - MUST BE LOCAL CONTACT

All correspondence, including renewal letters, will be mailed to the address, or email address, that you provide below.

Name of contact _____

Company _____

Phone _____

Address _____

City _____

State _____

Zip _____

Email Address _____

I, the undersigned, do hereby certify that I am authorized to apply 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. Subject to all fees as approved by City Ordinances. **I will schedule the inspection within 7 days** of the paid stamp on this application. **I am responsible for having any violations corrected and re-inspected within 30 days of inspection** by calling the Community Development office to schedule the re-inspection at (618) 624-4500 X 4. If additional time is needed to repair the violations, I can submit, in writing, a request for an extension.

_____, I, or the authorized person from the business above, will call to schedule an appointment by the deadline

_____ An appointment is not necessary. You may do the inspection any time during the hours of _____ to _____

Print Name _____

Owner or Authorized Person Signature _____

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