



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

Annual Commercial Inspection Application

CP 2017 - _____
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

All correspondence, including renewal letters, will be mailed to the address that you provide below. If you would like future correspondence sent to a different address, please notify our office.

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. Subject to all fees as approved by City Ordinances. I am responsible for having any violations corrected within 30 days of inspection by calling the Community Development 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