

APPLICATION FOR COMMERCIAL BUILDING PERMIT / CERTIFICATE OF ZONING COMPLIANCE

Community Development Department, O’Fallon City Hall
255 South Lincoln Avenue, 2nd Floor
O’Fallon, IL 62269 Phone (618)624-4500 x4

(Do not write in this space -- For office use only)

Date: \_\_\_\_\_, \_\_\_\_\_ Zoning fee paid to City Clerk \$ \_\_\_\_\_ Date: \_\_\_\_\_
( ) Permit issue No. \_\_\_\_\_
( ) Permit denied If denied, cause of denial: \_\_\_\_\_
( ) Application appealed No. \_\_\_\_\_
Variance or Special Permit No. \_\_\_\_\_

\* \* \* \* \*

INSTRUCTIONS TO APPLICANTS: All information required by the application must be completed and submitted herewith. Applicants are encouraged to visit the Community Development Department for any assistance needed in completing this form. Upon completion of any proposed structure, a “Certificate of Occupancy” may be granted upon request.

1. Name of property owner(s): \_\_\_\_\_ Phone: \_\_\_\_\_
Complete mailing address: \_\_\_\_\_ E-Mail: \_\_\_\_\_
2. Applicant’s name: \_\_\_\_\_ Phone: \_\_\_\_\_
Complete mailing address: \_\_\_\_\_ E-Mail: \_\_\_\_\_
3. Property interest of applicant (Owner, Contractor, etc.): \_\_\_\_\_
4. Design professional name: \_\_\_\_\_ Phone: \_\_\_\_\_
Contact name: \_\_\_\_\_ E-Mail: \_\_\_\_\_
Design professional complete mailing address: \_\_\_\_\_
5. Property address (9-1-1 approved) of proposed construction: \_\_\_\_\_
Name and description of proposed type of business: \_\_\_\_\_
6. Legal description (parcel ID# and lot # & subdivision name): \_\_\_\_\_
7. Proposed construction or use: [ ] Structural [ ] Electrical [ ] Plumbing [ ] HVAC
( ) New building (type of structure): \_\_\_\_\_
( ) Tenant finish
( ) Addition or alteration of existing building(s) (explain): \_\_\_\_\_
Cost of improvement: \$ \_\_\_\_\_ Flood zone: \_\_\_\_\_ Zone district: \_\_\_\_\_
Is proposed construction in an approved Planned Development? [ ] Yes [ ] No
Existing 2012 ICC Building Code Use Group: \_\_\_\_\_ Existing 2012 ICC Building Code Type of Construction: \_\_\_\_\_
Proposed 2012 ICC Building Code Use Group: \_\_\_\_\_ Proposed 2012 ICC Building Code Type of Construction: \_\_\_\_\_
Total lot area in sq. ft.: \_\_\_\_\_ sq. ft. Total building gross area (all floors): \_\_\_\_\_ sq. ft.
Total lot area covered by all buildings (after construction): \_\_\_\_\_ sq. ft.
Percent of lot coverage (lot area covered by all buildings divided by total lot area): \_\_\_\_\_

(Over)

8. A site plan (drawn to approximate scale) shall be attached showing the following:
- Dimensions of the zoning lot;
  - Dimensions and use of all buildings;
  - Distance of each building from all zoning lot lines;
  - Distance of principal building from principal buildings on adjacent lot(s);
  - Location of driveways and off-street parking spaces (show distance from lot lines and overall dimensions);
  - Location of all easements (drainage and utility);
  - Any additional information as may be reasonably required by the Community Development Department and applicable requirements of the Code of Ordinances, Section 158.036(D).
9. Names, contact person, complete mailing address, and phone number of the following sub-contractors must be provided prior to issuance of the building permit:
- General Contractor: \_\_\_\_\_  
 \_\_\_\_\_ E-Mail: \_\_\_\_\_
  - Electrical Contractor: \_\_\_\_\_  
 \_\_\_\_\_ E-Mail: \_\_\_\_\_
  - HVAC / Mechanical Contractor: \_\_\_\_\_  
 \_\_\_\_\_ E-Mail: \_\_\_\_\_
  - Plumbing Contractor (please include IL Plumbing Contractor License #): \_\_\_\_\_  
 \_\_\_\_\_ E-Mail: \_\_\_\_\_
  - Fire Sprinkler Contractor: \_\_\_\_\_  
 \_\_\_\_\_ E-Mail: \_\_\_\_\_

10. Contact the Community Development Department at (618)624-4500 x 4, to determine **building plan** and **civil plan** requirements for building permit application submittal. Once the **building** plans are approved and prior to issuance of the building permit, submittal of three complete sets of approved **building** plans will be required. One "Approved by the City of O'Fallon" stamped set of building plans will be returned at the time of building permit issuance.

11. Application is hereby made for a Temporary Certificate of Zoning Compliance, as required under the Code of Ordinances of the City of O'Fallon, Illinois, for the erection, moving or alteration, and use of buildings and premises. In making this application the applicant represents all of the above statements and any attached maps and drawings to be a true description of the proposed new or altered uses and/or buildings. The applicant agrees that the permit applied for, if granted, is issued on the representations made herein and that any permit issued may be revoked without notice on any breach of representation or conditions. It is understood that any permit issued on this application will not grant right of privilege to erect any structure or to use any premises described for any purpose or in any manner prohibited by the Code of Ordinances, or by other ordinances, codes or regulations of O'Fallon, Illinois.

12. The removal of any material containing asbestos must comply with Illinois EPA Asbestos Unit guidelines. Visit <http://www.epa.state.il.us/air/asbestos/> or call 217-524-0229 for further assistance.

(Applicant) \_\_\_\_\_

### TEMPORARY CERTIFICATE OF ZONING COMPLIANCE

The plans and specifications submitted with this Application are in conformity with the zone district requirements applicable to the subject property. Changes in plans or specifications shall not be made without written approval of the appropriate city officials. Failure to comply with the above shall constitute a violation of the provisions of the City of O'Fallon Code of Ordinances.

Dated: \_\_\_\_\_, \_\_\_\_\_  
 \_\_\_\_\_  
 Community Development Department, City of O'Fallon, Illinois

For office use only:     Flood Plain         Overlay Restrictions