



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

## Commercial Occupancy Permit Program Application

CP 2017 - \_\_\_\_\_  
 Fee: \_\_\_\_\_

**Property 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 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

Is this a new business?     Yes     No

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

**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 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. 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 within 7 business days.**

\_\_\_\_\_ **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**