

V I L L A G E O F L O M B A R D
APPLICATION FOR A CERTIFICATE OF OCCUPANCY/ZONING CERTIFICATE

A completed application is required prior to the issuance of a Certificate of Occupancy. At least 48 hours is required to review all applications prior to the setup of any related inspections. An application fee is required at the time of issuance. **Note: Only fully completed applications will be accepted for processing.** (Please Print or Type)

ADDRESS OF BUSINESS: No. _____ Dir. _____ Street _____ Suite/Unit: _____

NAME OF BUSINESS: _____

CONTACT PERSON'S NAME: _____ PHONE NO.: _____

Contact Person's Address: _____

PROPERTY OWNER: _____ PHONE NO.: _____

Property Owner's Address: _____

TYPE OF BUSINESS:

(Please check all applicable types)

- _____ Light Manufacturing
- _____ Office
- _____ Restaurant
- _____ Retail
- _____ Service
- _____ Warehouse / Storage
- _____ Other _____

Total Square Footage of Tenant Space: _____

Maximum Number of Employees on Premises: _____

Are you a Not-For-Profit Organization? Y N

Please provide a *detailed* description of the *proposed* business activities that will take place at the above address:

Please provide a name and *detailed* description of the *previous* business activities that took place at the above address:

Are there any site or building alterations necessary or anticipated that would require a building permit to be obtained by either the landlord or tenant prior to occupancy? Y N

Estimated Opening Date of Business: _____

Would you like to have your new business mentioned at a Village Board Meeting (Advertising Purposes Only)? Y N

APPLICANT'S (TENANT'S) SIGNATURE: _____ **DATE:** _____

PROPERTY OWNER'S SIGNATURE: _____ **DATE:** _____

(OVER)

--- Office Use Only ---	
NAICS Code: _____	Fire Inspection date: _____
P.I.N.: _____ USE: _____	Zoning: _____ P C
COMMUNITY DEVELOPMENT APPROVAL _____	DATE: _____
last updated 3/10 H:\fire\LindaO\handouts\co app	

LOMBARD OCCUPANCY EMERGENCY INFORMATION

DATE: _____

PERMIT #: _____

BUSINESS NAME: _____

LOMBARD BUSINESS PHONE # _____

TYPE OF BUSINESS: _____

LOMBARD BUSINESS ADDRESS: _____

PROPERTY OWNER: _____

PROPERTY OWNER'S PHONE # _____

EMERGENCY CALL-BACK PERSONS

(Must be local, after-hours information - Do not use answering machines or services)

1ST NAME _____ PHONE # _____

2ND NAME _____ PHONE # _____

3RD NAME _____ PHONE # _____

FIRE PROTECTION INFORMATION

FIRE ALARM SYSTEM: Y N

FIRE ALARM SYSTEM MONITORED BY:

DUCOMM _____ OTHER UL LISTED CO. NAME: _____
UL LISTED CO. PHONE # _____

FIRE SUPPRESSION SYSTEMS: Y N

TYPES: WET _____ DRY _____ KITCHEN HOOD _____ PUMP _____ FM 200/OTHER _____

ANNUAL INSPECTIONS OF SYSTEMS MADE BY:

Company Name: _____ Company Name: _____
Address: _____ Address: _____
Phone #: _____ Phone #: _____

BURGLAR ALARM SYSTEM: Y N

ALARM MONITORED BY: _____

SPECIAL ON-SITE HAZARDS: _____

INSURANCE CARRIER NAME: _____

PHONE # _____ ADDRESS: _____

PREFERRED BOARD-UP SERVICE: _____

HOURS OF OPERATION

MON _____ - _____ TUES. _____ - _____ WED. _____ - _____ THURS. _____ - _____ FRI. _____ - _____ SAT. _____ - _____ SUN. _____ - _____