



Village of Lombard

255 E. Wilson Avenue, Lombard, IL 60148

Tel: 630-620-5750 Fax: 630-629-2374

Email: buildingdivision@villageoflombard.org

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 applications entirely completed will be accepted for processing.**

ADDRESS OF BUSINESS: _____ Suite/Unit: _____

NAME OF BUSINESS: _____ Business Phone Number: _____

Business Owner's Name: _____ Phone Number: _____

Business Owner's Address: _____ City: _____ State: _____ Zip: _____

Business Owner's Email: _____

Property Owner's Name: _____ Phone Number: _____

Property Owner's Address: _____ City: _____ State: _____ Zip: _____

Property Owner's Email: _____

TYPE OF BUSINESS: (Please check all applicable types) Light Manufacturing ___ Service ___ Office ___
Retail ___ Restaurant ___ Warehouse / Storage ___ Other: _____

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 (if known): _____

Total Square Footage of Tenant Space: _____ Maximum Number of Employees on Premises: _____

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: _____

I understand that I may not conduct business without a valid Certificate of Occupancy/Zoning Certificate. I understand the issuance of the Certificate of Occupancy/Zoning Certificate is conditioned upon compliance with all building, health, subdivision, zoning, and any other ordinance of the Village or laws of the state, as well as related inspections. I consent to the inspection of the place of business by Village officers and employees to verify compliance with all building, health, subdivision, zoning, and any other ordinance of the Village or laws of the state. If there are any changes in the information provided to the Village, I understand that it is my responsibility to remit current information in a reasonable amount of time. I further understand that any false statement or omission of information may be cause for suspension, revocation, or denial of the Certificate of Occupancy/Zoning Certificate.

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

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

--- Office Use Only ---	
New Business ___	New Owner ___
New Location ___	Name Change Only ___
Expansion ___	Trustee District ___
PERMIT # _____	USE: _____
Zoning: _____	P C
COMMUNITY DEVELOPMENT: _____	DATE: _____
Licensing ___	DuComm ___
Fire ___	GW ___
New Business ___	



LOMBARD FIRE DEPARTMENT – OCCUPANCY EMERGENCY INFORMATION

Please print clearly. Only complete applications will be accepted.

Date: _____

Permit #: _____

Lombard Business Name: _____

Lombard Business Address: _____ Suite/Unit: _____

Lombard Business Phone: _____

Business Owner's Name: _____

Business Owner's Phone: _____

Business Owner's Email: _____

Property Owner's Name: _____

Property Owner's Phone: _____

Property Owner's Email: _____

Property Owner's Address, City, State, Zip Code: _____

Management Company's Name: _____

Management Company's Phone: _____

Management Company's Email: _____

Management Company's Address, City, State, Zip Code: _____

Type of Business: _____

EMERGENCY KEY HOLDER INFORMATION

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

1st Contact's Name: _____ Primary Phone: _____

Secondary Phone: _____

2nd Contact's Name: _____ Primary Phone: _____

Secondary Phone: _____

FIRE PROTECTION INFORMATION

Fire Alarm System: Yes _____ No _____

Fire Suppression Systems: Yes _____ No _____

Types: Wet _____ Dry _____ Kitchen Hood _____ Pump _____ Other _____

Expected Hazardous Materials on Site (select one): Yes _____ No _____

If yes, type: _____

Hours of Operation:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

Saturday: _____ Sunday: _____