



Village of Lombard

255 E. Wilson Avenue, Lombard, IL 60148

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

Email: Permits@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. The application fee of \$125 is required at time of submittal. A conditional certificate of occupancy is an additional \$150. Note: Only applications entirely completed will be accepted for processing.

Check all that applies: New Business ___ New Owner ___ New Location ___ Name Change Only ___ Expansion ___

ADDRESS OF BUSINESS: _____ Suite/Unit: _____

LOMBARD BUSINESS NAME: _____ LOMBARD PHONE NUMBER: _____

Corporate Business Name: _____ Corporate Phone Number: _____

Corporate Address: _____ City: _____ State: _____

Zip: _____ 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

Is your business currently in Lombard? ___ Is the business new to Lombard? ___ Did you expand/move your business? ___

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 pertaining to applicable Village Codes 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 --- PERMIT # _____ Date received _____ Date paid _____



LOMBARD FIRE DEPARTMENT

OCCUPANCY EMERGENCY CONTACT INFORMATION

If contact information changes, please notify the Fire Prevention Bureau.

LOMBARD BUSINESS NAME: _____ Address: _____

Management Company's Name: _____ Office Phone: _____

Management Company's Address: _____

Property Manager's Name: _____ Office Phone: _____

Email: _____ Cell Phone: _____

Should we require immediate assistance at your business, please indicate below who to contact during non-business hours. List three (3) if applicable.

Keyholder's Name: _____ Office Phone: _____

Keyholder's Email: _____ Cell Phone: _____

Keyholder's Name: _____ Office Phone: _____

Keyholder's Email: _____ Cell Phone: _____

Keyholder's Name: _____ Office Phone: _____

Keyholder's Email: _____ Cell Phone: _____

FIRE PROTECTION INFORMATION

Fire Alarm System: Yes _____ No _____

Fire Suppression Systems: Yes _____ No _____

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

Hazardous Materials on Site: Yes _____ No _____

If yes, type: _____

Hours of Operation:

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

Saturday: _____ Sunday: _____