

APPLICATION FOR COMMERCIAL OCCUPANCY PERMIT



7607 W College Drive

Ph: (708) 361-1804 Fax: (708) 923-7112

building@palosheights.org

REAL ESTATE TAX I.D. #: _ _ - _ _ - _ _ - _ _ - _ _ - _ _ - _ _ - _ _ -

APPLICANTS: COMPLETE ALL ITEMS AND SUBMIT WITH ALL SUPPORT DOCUMENTATIONS

LOCATION OF BUSINESS	ADDRESS _____	
	BUSINESS NAME _____	
BUSINESS OWNER	NAME _____	Home: _____
	PRINCIPAL _____	Business: _____
	HOME ADDRESS _____	Cell: _____
	EMAIL _____	Fax: _____
(Required) PROPERTY OWNER	NAME _____	Business: _____
	ADDRESS _____	
	CONTACT _____	Cell: _____
	EMAIL _____	
Building, Plumbing, Electrical, Fire Protection District, Cook County Health Department inspections may be required prior to issuance of Business License and Certificate of Occupancy.		PROSPECTIVE OPENING DATE ____/____/____ IS THERE ANY REMODELING INVOLVED? <input type="checkbox"/> YES <input type="checkbox"/> NO
Barber shops/Hair salons must submit a copy of the current Illinois State license.		
RPZ Valves must be installed in each unit of a building prior to Plumbing Inspection.		
Separate permits are required for all remodeling and signage.		
----- Zoning Evaluation Property Currently Zoned _____ Required Use-group _____ <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED		
_____	_____	
DATE	SIGNATURE	
BUILDING DEPARTMENT USE ONLY		I hereby declare that the above information is correct, and I do agree, in consideration of and upon issuance of a building permit, to perform only such work as described herein. I further declare that I am the owner, his contractor or authorized agent and have permission from the owner to apply for this permit. I/WE AGREE TO CONFORM TO ALL APPLICABLE LAWS, ORDINANCES AND CODES OF THIS JURISDICTION.
BUILDING PERMIT NO. _____		
BUILDING PERMIT FEE \$ <u>150.00</u>		
APPROVED BY _____	DATE _____	
		_____ Print Name
		_____ Signature of Applicant
		_____ Date