



CITY OF ELMHURST

209 NORTH YORK STREET
ELMHURST, ILLINOIS 60126-2759
(630) 530-3000
www.elmhurst.org

Permit # _____

Date _____

Zoning Approval _____

Application for Certificate of Occupancy

Business Name: _____ Business Phone: _____

Contact: _____ Cell Phone: _____ Email: _____

Business Address: _____ Suite/Unit: _____

Type of Business: _____

Building Owner (if different than above): _____

Phone: _____ Cell Phone: _____ Email: _____

Food Handling Businesses	Health Department Approval:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Fire Alarm System:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Connected via Wireless Radio:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contact the Elmhurst Fire Department to confirm the above information at 630-530-3090.					

A Certificate of Occupancy will be issued when all of the following inspections have been scheduled and approved:
Building – Plumbing -- Fire

To schedule these inspections, please print out this completed form and bring it to Elmhurst City Hall (Community Development Counter), located at 209 N. York Street in Elmhurst.

If you are remodeling or building out:

- Permits are required for any remodeling or build-outs. Permits are obtained at the Community Development Department at City Hall.
- All contractors are required to be registered with the City of Elmhurst and to provide separate trade specific bonds.
- Upon passing final inspection of remodeling or build out, you will receive a Certificate of Occupancy.

Contact the Community Development Department for additional permit/contractor information at 630-530-3030.

A Business License can be obtained upon receipt of a Certificate of Occupancy. Business License information is available on our website under Departments/City Clerk/Forms/Business License Registration Information. Contact the City Clerk for additional Business License information at 630-530-3010.

The applicant hereby certifies as to the correctness of the above Application for Certificate of Occupancy and that it is in strict compliance with all provisions of the Zoning Ordinance, Building Code and other authorities having jurisdiction and amendments thereto. All contractors shall furnish bonds as required by City Ordinance.

_____	_____	_____
Applicant Name	Signature	Date



ELMHURST FIRE DEPARTMENT ALARM SYSTEM MONITORING APPLICATION

Date Submitted: _____

- New Customer Connection
- Change From Direct Connect to Radio
- Disconnect

SERVICE AT ADDRESS:

Name of Business	Site Phone:
Street Address	Site Fax:
City	Zip:
Contact Person Name (to schedule connection)	Contact Phone: Contact Cell Phone: Contact Fax:

Monitoring: Direct Connect Position # _____ Wireless Radio

COMPANY NAME RESPONSIBLE FOR CONNECTING AT ALARM SITE:

Company Name	TYCO	Phone:
Address:		Fax:
City / State / Zip:		E-Mail

BILLING INFORMATION:

Billing Name:		Phone:
Billing Address:		Fax:
City / State / Zip:		Cell Phone:

EMERGENCY CONTACT PERSON INFORMATION:

1.	Phone:
2.	Phone:
3.	Phone:

POSITION #
CIRCUIT #
RADIO SERIAL #
SCHEDULED
INSTALLED