CITYOR		
	CITY OF ELMHU	U RST Permit #
	209 NORTH YORK STR	REET Date
ELMHURST, ILLINOIS 60126-275 (630) 530-3000 www.elmhurst.org	Zoning Approval	
•	pplication for Certificate **MUST COMPLETE IN FORMS IN FU	LL**
Business Name:		Business Phone:
Contact:	Cell Phone:	Email:
Business Address:		Suite/Unit:
Type of Business:		
Primary NAICS/SIC Code	:	
Building Owner (if differ	ent than above):	
Phone:	Cell Phone:	Email:
Fire Alarm System:		via Wireless Radio: 🗌 Yes 🗌 No
Fire Alarm System:	Yes No Connected when all of the following ins Building – Plumbing Fi	via Wireless Radio: Yes No bove information at 630-530-3090. spections have been scheduled and approved: re
Fire Alarm System:	Yes No Connected when all of the following ins Building – Plumbing Fi	via Wireless Radio: Yes No bove information at 630-530-3090. spections have been scheduled and approved: re and bring it to Elmhurst City Hall (Community
Fire Alarm System: Contact the Elm A Certificate of Occupar To schedule these inspe If you are remodeling o	Yes No Connected of mhurst Fire Department to confirm the all ncy will be issued when all of the following ins Building – Plumbing Fi ections, please print out this completed form Development Counter), located at 209 N. Yo r building out:	via Wireless Radio: Yes No bove information at 630-530-3090. spections have been scheduled and approved: re and bring it to Elmhurst City Hall (Community ork Street in Elmhurst.
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Applicant Name

Date

Building/forms/certificate of occupancy application

City of Elmhurst New Business/Occupant Wastewater Survey



Business Name:Address:	
City, State, Zip:	
Number of units in building occupied by this company: Stand-alone building D Mul	
Number of Employees:1 st Shift2 nd Shift3 rd Sh	
Operating Days: □ Mon □ Tues □ Wed □ Thurs □ Fri □ □ □ Sat-Sun): □ □	Sat 🗆 Sun
Date That Service / Production Began at this site: Month Year	
What services are performed or products produced at this site?	
What raw materials are used on site?	
Does your business do manufacturing at this facility?	□ Yes □ No
Does your business do assembly or fabrication at this facility?	🗆 Yes 🗆 No
Does your business have an office at this facility?	🗆 Yes 🗆 No
Does your business have a warehouse at this facility?	🗆 Yes 🗆 No
Does your business have a cafeteria that prepares meals at this facility?	🗆 Yes 🗆 No
Does your business discharge process wastewater (non-domestic) to the sewer?	🗆 Yes 🗆 No
Description of process wastewater discharged:	
Does your business have any process waste (solid or liquid) hauled offsite?	□ Yes □ No
Description of process waste or wastewater hauled:	
Does your business treat your discharge at any point within your process?	🗆 Yes 🗆 No
Does your business have grease interceptors at this facility?	🗆 Yes 🗆 No
Does your business have triple basins at this facility?	🗆 Yes 🗆 No
Does your business have cooling towers at this facility?	🗆 Yes 🗆 No
Does your business have spill containment and/or spill policies?	🗆 Yes 🗆 No
If yes, list spill containment and/or policies:	

Does your business store liquids in drums (typically 55 gal.)?		Yes 🗆	No
If yes, how many drums:Less Than 5: \Box 5 or more: \Box			
Drum general substance:			
Does your business store liquids in totes or bulk tanks?		Yes 🗆	No
If yes, how many totes: How many bulk tanks:			
Tote or bulk tank general substance and number of gallons:			
Does your facility use any materials which include, but are not limited to, cleaning products, raw m chemicals in a process which contain PHOSPHORUS in the ingredients?		rials or Yes □	No
Are any inks or dyes used: If yes, are any inks or dyes washed down the drain:		Yes □ Yes □	
Does your facility precondition your water? If yes, check how: □ Water Softener □ Reverse Osmosis □		Yes □ Distille	
Does your facility have a backflow preventer on the domestic service (not fire suppression system)	?□	Yes 🗆	No
Does your facility have a separate fire service?		Yes 🗆	No
Does your facility have any IEPA Permits for this facility's operations (Air (Land), Water, or Stormwater)?		Yes 🗆	No

This survey must be completed and returned with the Application for an Occupancy Permit and all inspections must be APPROVED, before a new Business License can be issued.



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	Contact Phone:
(to schedule connection)	Contact Cell Phone:
	Contact Fax:
Monitoring: Direct Connect Position	# Wireless Radio

COMPANY NAME RESPONSIBLE FOR CONNECTING AT ALARM SITE:

Company Name		Phone:	
	TYCO		
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	

Building/forms/Fire Alarm System for new business COA 2019

INSTALLED

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Building/forms/Fire Alarm System for new business COA 2019