



# 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

**\*\*MUST COMPLETE IN FORMS IN FULL\*\***

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Address: \_\_\_\_\_ Suite/Unit: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Primary NAICS/SIC Code: \_\_\_\_\_

Building Owner (if different than above): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Food Handling Businesses**

Health Department Approval:  Yes  No

Fire Alarm System:  Yes  No Connected via Wireless Radio:  Yes  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**

# Emergency Contact List

*Please complete and return this form to:*

Elmhurst Fire Department – Fire Prevention Bureau

209 N. York Street

Elmhurst, IL 60126

Phone: 630-530-3090 ~ Fax: 630-530-3127

Building Address: \_\_\_\_\_

Business Name /Occupant Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Emergency Contacts

#1 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  Key Holder

#1 Email: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  Key Holder

#2 Email: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  Key Holder

#3 Email: \_\_\_\_\_

**Current keys available in the Knox Box** (external Fire Dept. Key Box)  Yes  No

(if not, contact the Fire Dept. to make arrangements to replace keys)

## Business Owner

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  Key Holder

Address: \_\_\_\_\_

## Building Owner

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  Key Holder

Address: \_\_\_\_\_



# City of Elmhurst

## New Business/Occupant Wastewater Survey

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Site Representative: \_\_\_\_\_  
Title: \_\_\_\_\_  
Site Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Number of units in building occupied by this company: Stand-alone building  Multiple Units:  # of Units: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ 1<sup>st</sup> Shift \_\_\_\_\_ 2<sup>nd</sup> Shift \_\_\_\_\_ 3<sup>rd</sup> Shift

Operating Days:  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Operating Hours per Day (Mon-Fri): \_\_\_\_\_ (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:                       5 or more:

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 materials or chemicals in a process which contain PHOSPHORUS in the ingredients?  Yes  No

Are any inks or dyes used:  Yes  No

If yes, are any inks or dyes washed down the drain:  Yes  No

Does your facility precondition your water?  Yes  No

If yes, check how:  Water Softener     Reverse Osmosis     Ion Exchange     Distilled

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.**