



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

#2 Name: _____ Phone #: _____ Key Holder

#3 Name: _____ Phone #: _____ Key Holder

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: _____ 1st Shift _____ 2nd Shift _____ 3rd 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.**