APPLICATION FOR
COMMERCIAL OCCUPANCY PERMIT

PALOS HEIGHTS
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_____ LOT_____	
BUSINESS OWNER	**NAME**_____ **PRINCIPAL**_____ **HOME ADDRESS**_____ **EMAIL**_____	Home: Business: Cell: Fax:
PROPERTY OWNER	**NAME**_____ **ADDRESS**_____ **CONTACT** _____ **EMAIL**_____	Business: Cell:

Plumbing, Electrical, Fire Protection District, Cook County Health & Building Department inspections may be required prior to issuance of Business License and Certificate of Occupancy.

RPZ Valves must be installed in each unit of a building prior to Plumbing Inspection.

Separate permits are required for all remodeling and signage.

Call Building Department for Inspections. 24 Hour Notice Required.

Zoning Evaluation

Property Currently Zoned_____ **Required Use-group**_____

☐ **APPROVED** ☐ **NOT APPROVED**

_____

DATE **SIGNATURE**

PROSPECTIVE OPENING DATE
_____/____/____

IS THERE ANY REMODELING INVOLVED?
☐ **YES**
☐ **NO**

****BUILDING DEPARTMENT USE ONLY****

BUILDING PERMIT NO._____

BUILDING PERMIT FEE $___150.00_____

_____

APPROVED BY **DATE**

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.

_____
Print Name

_____
Signature of Applicant **Date**