Date Issued: _____

Village of Hinsdale
Community Development Department

19 E. Chicago Ave., Hinsdale, IL 60521
630-789-7030

Permit Fee:

Application for Certificate of Occupancy

PROPERTY ADDRESS: _____
ZONING DISTRICT: O-3 **P.I.N.**:_____

Property Owner	**Tenant**
Name:_____	Name:_____
Address:_____	Address:_____
City, State:_____Zip:_____	City, State:_____Zip:_____
Office #:_____	Office #:_____
FAX No._____Cell: _____	FAX No._____Cell: _____
Emergency Phone #_____	Emergency Phone #_____

Property Information

Intended Use:_____Name of Business_____
Square Footage to be Occupied:_____Number of Employees: _____
Hours of Operation: _____ Number of Parking Spaces Provided:_____
Contact Name: Day #:_____Evening No._____

Describe below the type/function of the business and if any materials (hazardous or other) will be stored on the premises and/or if this business is regulated by any governmental unit (i.e., Health Dept., Dept. of Registration).

UNDER PENALTY OF INTENTIONAL MISREPRESNTATION AND/OR PERJURY, I declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions of the applicable ordinances. I realize that the information that I have affirmed heron forms a basis for the issuance of the permit herein applied for an approval of plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any applicable ordinance or to excuse the owner or his successors in title from complying therewith.

_____ _____
Owner Signature and Date **Tenant Signature and Date**

----------Items Below For Office Use Only----------

Department Review

BUILDING	FINANCE/ADMIN	FIRE	POLICE	PLANNING
Approved: **Denied:** **Date/Initials:**	**Approved:** **Denied:** **Date/Initials:**	**Approved:** **Denied:** **Date/Initials:**	**Approved:** **Denied:** **Date/Initials:**	**Approved:** **Denied:** **Date/Initials:**

Attention Department: If for any reason this Occupancy Certificate is denied please state reasons for such denial and return to Community Development.

APRROVED/DENIED
BY:_____ Date:_____