



Village of Clarendon Hills – Certificate of Occupancy Application

Property Information

Property Address _____

P.I.N. Number ____ - ____ - ____ - ____ (example 01-23-456-789)

Property Zoning District Designation (Check ☒ One): ☐ B-1, ☐ B-2, ☐ B-3, ☐ L-O, ☐ O-T

Property Contact Information

Owner's Name _____

Owner's Address _____

City/State/Zip _____

Phone _____

Fax _____

E-Mail _____

Tenant Contact Information

Business Name _____

Address _____

Business Phone _____

Business Email _____

Website _____

Inspection Contact

Name _____

Phone Number _____

Building Occupancy

I will be the sole occupant in this building (Check ☒ One): ☐ Yes, ☐ No

If no, list all other occupants following by building unit. If vacant, indicate and list units only.

Describe 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 other governmental unit (ie, County Health Department, Dept of Registration.)

Owner and Tenant Signature Required

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION 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 herein 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's Signature and Date

Tenant's Signature and Date



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(completed by VOCH CD Department)

Community Development	Finance Department	Public Works Department	Police Department	Fire Department
Approved _____	Approved _____	Approved _____	Approved _____	Approved _____
Denied _____	Denied _____	Denied _____	Denied _____	Denied _____
Date/Initials _____	Date/Initials _____	Date/Initials _____	Date/Initials _____	Date/Initials _____

Attention: If for any reason this request is denied please state reason for such denial in the space below and return to the Department of Community Development.

Approved

Director of Community Development