

G O D F R E Y

ILLINOIS

COMMERCIAL OCCUPANCY PERMIT APPLICATION

ADDRESS OF PROPERTY TO BE INSPECTED:

PARCEL ID:

PROPERTY IS/ WILL BE: OWNER OCCUPIED / TENANT OCCUPIED / OTHER

REASON FOR APPLICATION:

NEW OCCUPANCY / NEW OWNERSHIP / TEMPORARY/SEASONAL / EXPANSION

RELOCATION FROM:

BUSINESS NAME:

BUILDING SQUARE FOOTAGE:

NUMBER OF FLOORS:

SQUARE FOOTAGE OF OCCUPIED AREA:

STORAGE:

TYPE OF BUSINESS BEING CONDUCTED:

HOURS OF OPERATION:

MAX NUMBER OF EMPLOYEES PER SHIFT:

APPLICANT INFORMATION

All correspondence will be mailed to the address, or email address, that you provide below.

NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

PROPERTY OWNER'S INFORMATION *(if different from applicant)*

NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

6810 GODFREY ROAD ● BOX 5067 ● GODFREY, IL 62035

PHONE: 618-466-1206 ● FAX: 618-466-4519

buildingzoning@godfreyil.org

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ILLINOIS

HAS A BUSINESS LICENSE APPLICATION BEEN SUBMITTED TO THE CLERK'S OFFICE? Y / N*

**If NO, please contact the Village Clerk's office for further assistance. Change of address and yearly renewal is required.*

ARE YOU MAKING ANY STRUCTURAL CHANGES TO THE INTERIOR/ EXTERIOR THAT WOULD REQUIRE A BUILDING PERMIT? Y* / N

**If yes, please include all applicable permit applications/plans with this form. Failure to obtain permits may result in fines and/or denial of occupancy.*

As **APPLICANT** for a Certificate of Commercial Occupancy, I do certify that this form has been completed to the best of my knowledge. I understand that completion of this form does not exempt me from Village Codes, regulations, and ordinances of the Village of Godfrey. I understand this application is not a permit and the premises shall not be occupied until all required inspections have been completed and any discrepancies corrected.

APPLICANT SIGNATURE:

DATE:

PRINTED NAME:

Please attach a copy of a photo ID to this application.

As **BUILDING OWNER**, I do certify that this form has been completed to the best of my knowledge. I understand that completion of this form does not exempt me from Village Codes, regulations, and ordinances of the Village of Godfrey. I understand this application is not a permit and the premises shall not be occupied until all required inspections have been completed and any discrepancies corrected.

BUILDING OWNER SIGNATURE:

DATE:

PRINTED NAME:

Please attach a copy of a photo ID to this application.

FOR OFFICE USE ONLY

PERMIT #:

INSPECTION PASSED:

SIGNATURE OF BUILDING AND ZONING ADMINISTRATOR:

NOTES: