



# Village of Villa Park

20 South Ardmore Avenue, Villa Park, Illinois 60181-2696

Phone (630) 834-8505  
Fax (630) 834-8509  
TDD (630) 834-8589

## APPLICATION FOR CERTIFICATE OF OCCUPANCY

### Notice to Applicant

Application is hereby made for a Certificate of Occupancy as required under the Villa Park Zoning Ordinance for the use of building and land. In making this application, the applicant represents all of the following information is a true description of the proposed new use or altered use or uses. The applicant agrees that the permit applied for, if granted, is issued on the representations made herein and that any permit issued may be revoked without notice on any breach or representations or conditions.

The applicant is hereby advised that it is a violation of Section 6.6. of the Villa Park Zoning Ordinance to occupy buildings or land in the following instances without first having been issued a certificate of occupancy:

1. Occupancy and use of a building newly constructed or enlarged;
2. Change in use of an existing building;
3. Change in use of vacant land;
4. Change in use of land to a different classification;
5. Any change in the use of a nonconforming use and
6. Any change of ownership of an existing business or new business

**THIS IS ONLY THE APPLICATION FORM. YOUR BUILDING AND/OR LAND IS NOT TO BE OCCUPIED IN THE ABOVE-CITED CASES UNTIL APPLICATION HAS BEEN MADE, AN INSPECTION HAS OCCURRED, ANY REQUIRED MODIFICATIONS ARE ACCOMPLISHED AND THE FORMAL CERTIFICATE OF OCCUPANCY IS SIGNED AND ISSUED.**

---

### APPLICATION FEES

An application fee is to be paid at the time the Certificate of Occupancy application is submitted to the Community Development Department and is based on the following square footage requirements:

Under 5,000 square feet .....	\$75.00
5,000 – 10,000 square feet .....	\$100.00
Over 10,000 square feet .....	\$100.00 plus \$2.00 per 1,000 sq. ft. over 10,000 sq. ft.



Public Works Department  
 11 W. Home Avenue  
 Villa Park, IL 60181  
 (630) 834-8505

FOR OFFICE USE ONLY		
Date Received: _____	Amt. Rcvd.: _____	Check #: _____
Zoning Review: _____ / _____	Bldg. Insp. Date/Time: _____ / _____	Fire Insp. Date/Time: _____ / _____
Final Approvals:		
Bldg. Inspector _____	RPZ Value Checked _____	
Plbg. Inspector _____	Liquor License _____	
Fire Dept. _____	Police Dept. _____	
Health Dept. _____	Gaming License _____	
Final Approval _____ / _____	Date Issued: _____	C.O. No. _____

## CERTIFICATE OF OCCUPANCY APPLICATION

Anticipated Date of Occupancy: \_\_\_\_\_

<b>New Business</b>	<b>Name Change</b>	<b>Ownership Change</b>	<b>Location Change</b>	<b>Building Ownership</b>
---------------------	--------------------	-------------------------	------------------------	---------------------------

**PROPERTY ADDRESS:** \_\_\_\_\_

On a separate sheet of paper, please provide the following:      Previous Business at this location:  
 EXTERIOR LINE DRAWING      INTERIOR LINE DRAWING      \_\_\_\_\_

### BUSINESS INFORMATION

Business Name \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Business Phone No. \_\_\_\_\_ Website \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 (in detail) \_\_\_\_\_  
 Business E-mail \_\_\_\_\_

III. Retailers Occupation Tax No. (Sales Tax No., if applicable) (attach copy) \_\_\_\_\_

DuPage County Health Department Permit is required for the following. Will you offer:  
 Food \_\_\_\_\_ Daycare \_\_\_\_\_ Tanning Beds \_\_\_\_\_ Other \_\_\_\_\_  
 (If yes to any of the above, a Health Dept. permit must be attached to this application.)

Places for Eating Tax registration required if prepared food is being served: Yes    No

A liquor license is required if liquor is being sold: Yes    No

No. of Employees: \_\_\_\_\_ No. of Parking Space\* \_\_\_\_\_ No. of Restrooms \_\_\_\_\_

Building Sprinkler: Yes    No      Leased Space Sprinkler: Yes    No      Fire Alarm System: Yes    No

No. of Vending Machines: \_\_\_\_\_ What type: \_\_\_\_\_

Waste Hauler: \_\_\_\_\_

Hazardous Materials/Products: Yes    No      If yes, list or attach MSD sheet: \_\_\_\_\_

Hazard Insurance: \_\_\_\_\_

\*Adequate off-street parking must be provided. If this is a multi-tenant building, the total number of parking spaces and the number assigned to this space must be identified. A plat of survey and/or parking layout plan may be required.

### ZONING INFORMATION

Zoning of Property \_\_\_\_\_ Parcel Identification Number (PIN) \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_ **PROPERTY ADDRESS:** \_\_\_\_\_

**BUSINESS OWNER INFORMATION**

Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_  
 Business Manager Contact (if different than above):  
 Name \_\_\_\_\_ Phone No. \_\_\_\_\_

**BUILDING OWNER INFORMATION**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**STRUCTURE INFORMATION**

Total Square Footage of floor area this business will be occupying: \_\_\_\_\_

Type of Structure:      Wood Frame                      Concrete                      Steel                      No. of Stories: \_\_\_\_\_

	Basement	1st Floor	2nd Floor
Total Square Footage			
Tenants (other)			

Please use the back of this page if further information needs to be provided.

I, the undersigned, hereby certify that I have read the foregoing application and information, understand same and that the representations made therein are correct and accurate.

\_\_\_\_\_  
 Signature of Business Owner

\_\_\_\_\_  
 Signature of Property Owner

\_\_\_\_\_  
 Print Business Owner's Name

\_\_\_\_\_  
 Print Property Owner's Name

\_\_\_\_\_  
 Telephone Number                      Date

\_\_\_\_\_  
 Telephone Number                      Date

*(For Office Use Only)*

**INSPECTION OF PREMISES**

As part of the Certificate of Occupancy application procedure, an inspection of the premises will be made by the Community Development and Fire Departments. This inspection should be scheduled within 48 hours after submitting this application. Your building and/or land is not to be occupied until application has been made, an inspection has occurred, any required modifications are accomplished and the formal certificate of occupancy is signed and issued.

Inspection Performed Date: \_\_\_\_\_ Modifications to be made?    Yes, see attached    No

Reinspection Date: \_\_\_\_\_ (if required)



# Village of Villa Park

20 South Ardmore Avenue, Villa Park, Illinois 60181-2696

Phone (630) 834-8505  
Fax (630) 834-8509

## CERTIFICATE OF OCCUPANCY INSPECTION AGREEMENT

No Certificate of Occupancy inspections can be scheduled until all furniture, equipment, shelving, computers, etc are in place.

**Once the space is set up and ready for the business to open, then you need to contact the Building Permit Department at (630) 834-8505 and set up an inspection with the Building Department and the Fire Department.**

If the property is not ready (with all of the above in place) at the time of inspection, a re-inspection fee will need to be paid before a new inspection can be scheduled.

\* \* \* \* \*

I have read the above and agree to the terms as stated above:

\_\_\_\_\_  
Business Owner or Agent Signature

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Site Address



# Village of Villa Park

20 South Ardmore Avenue, Villa Park, Illinois 60181-2696

PUBLIC WORKS DEPARTMENT  
Director: Vydas Juskelis, P.E.

Phone (630) 834-8505  
Fax (630) 834-8509

## FOR PROPERTY OWNER TO COMPLETE, SIGN AND RETURN **VILLAGE OF VILLA PARK REQUEST FOR GRAFFITI REMOVAL AND WAIVER AND RELEASE OF ALL CLAIMS**

**PLEASE READ THIS FORM CAREFULLY AND BE AWARE THAT IN REQUESTING THAT THE VILLAGE OF VILLA PARK REMOVE GRAFFITI FROM THE EXTERIOR OF YOUR PROPERTY YOU WILL BE WAIVING AND RELEASING ALL CLAIMS AGAINST THE VILLAGE FOR ANY DAMAGE AND/OR INJURIES YOU MAY SUSTAIN.**

I, \_\_\_\_\_, hereby request and authorize the Village of Villa Park to enter the premises located at \_\_\_\_\_, Villa Park, Illinois, for the purpose of removing graffiti from the exterior of the property.

I recognize and acknowledge that there are certain risks in the removal of graffiti from my property and I agree to assume the full risk of any injuries or loss I may sustain as a result and thereby waive and relinquish all claims I may have against the Village of Villa Park, its officers, agents, servants and employees related to the removal of graffiti from the above-listed property by the Village of Villa Park, its officers, agents, servants or employees.

I do hereby fully release and discharge the Village of Villa Park, its officers, agents, servants and employees from any and all claims from damage and/or injuries which I may have or which may accrue to me from the removal of graffiti from the above-listed property by the Village of Villa Park, its officers, agents, servants or employees.

I do further agree to indemnify and hold harmless and defend the Village of Villa Park, its officers, agents, servants and employees from any and all claims resulting from injuries including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with the removal of graffiti from the above-listed property by the Village of Villa Park, its officers, agents, servants or employees.

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER AND RELEASE OF ALL CLAIMS.**

Signature: \_\_\_\_\_  
(Authorized Agent or Property Owner)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Date: \_\_\_\_\_

**This authorization shall be active until such date that there is an ownership change, however, the authorized agent or owner must contact the Public Works Department at 630-834-8505 and report each occurrence.**



**VILLAGE OF VILLA PARK  
PLACES FOR EATING TAX  
20 S. ARDMORE AVE.  
VILLA PARK, IL 60181  
(630) 834-8500**

---

**PLACES FOR EATING TAX RETURN**

BUSINESS NAME:	
DOING BUSINESS AS:	
<b>REPORTING PERIOD:</b>	
FEIN:	

**Taxes must be paid each month on or before the final business day of every month.**

1. GROSS SALES (Should agree with IL ST-1, Line 3\*) \_\_\_\_\_
2. DEDUCTION OF SALES NOT SUBJECT TO TAX (T-Shirts, etc.) \_\_\_\_\_
3. TAXABLE RECEIPTS (Line 1 minus Line 2) \_\_\_\_\_
4. AMOUNT OF TAX DUE (Multiply Line 3 by 1.5%) \_\_\_\_\_

\*Please provide a copy of your IL ST-1 form

Please make checks payable to the "**Village of Villa Park**" and mail this return, IL ST-1 Form and tax payment to the Village of Villa Park at 20 S. Ardmore Ave., Villa Park, IL 60181.

Under penalties as provided by law, I declare that to the best of my knowledge and belief, the information on this return is true, correct, and complete.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name & Title

\_\_\_\_\_  
Phone Number