

CERTIFICATE OF COMMERCIAL OCCUPANCY APPLICATION



City of Belleville
407 E. Lincoln St.
Belleville, IL 62220
(618) 233-6810 Ext. 1250

Staff Use Only
Submittal date: _____
Permit #: _____

**THIS DOCUMENT IS NOT AN
APPROVED PERMIT**

APPLICATION FEE: \$100.00
Application fee to be paid upon submittal

REASON FOR APPLICATION:	OCCUPANCY TYPE:
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<input type="checkbox"/> New occupancy	<input type="checkbox"/> New ownership
<input type="checkbox"/> Temporary/Seasonal	<input type="checkbox"/> Expansion
<input type="checkbox"/> Relocation from: _____	

<input type="checkbox"/> Retail	<input type="checkbox"/> Resale	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Service
<input type="checkbox"/> Office	<input type="checkbox"/> Religious	<input type="checkbox"/> Industrial	
<input type="checkbox"/> Other _____			

BUSINESS / OCCUPANCY INFORMATION

Name of Business:

Description of business / occupancy:

Building Address:	Suite #:	Zip code:
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Applicant or Company name:

Applicant phone number:

Applicant mailing address:	Zip code:
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Applicant email:

Contact for inspections:		
Name:	Phone #:	Email:

<input type="checkbox"/> YES, the occupancy / business involves the <i>sale, storage, or use</i> of the following (Please check all that apply below):		
<input type="checkbox"/> Food sales / Preparation	<input type="checkbox"/> Poisonous or hazardous chemicals/acids	<input type="checkbox"/> Outdoor seating
<input type="checkbox"/> Alcohol sales	<input type="checkbox"/> Compressed gases	<input type="checkbox"/> Outdoor storage
<input type="checkbox"/> Flammable or combustible liquids	<input type="checkbox"/> secondhand goods	
<input type="checkbox"/> NO, the occupancy / business does NOT involve the <i>sale, storage or use</i> of the above mentioned.		
Hours of operation: _____	Maximum number of employees per shift: _____	
Sales Tax number: _____ - _____	Sales Tax Exemption number: _____ - _____ - _____	
<i>A copy of the Sales Tax Certificate or the Sales Tax Exemption letter is required when submitting an application of Commercial Occupancy.</i>		

Permit requirements: Fire and Building (Property, Mechanical, Electrical, Plumbing) inspections are required prior to issuance of the Certificate of Commercial Occupancy or Business License. This application is NOT a permit and the premises shall not be occupied until all required inspections are made and all discrepancies (if any) are corrected. Application fee is non refundable. This application will expire in sixty (60) days from date of submittal. Separate permits are required for signage. If the business is located within the Area of Special Control, signage must be approved by City Council prior to installation. Failure to comply with these regulations will result in a penalty (City Code: Sections 110.99, 155.999.) Commercial Occupancy can be denied/delayed of listed individuals in the application are indebted to the City for any fees arising from any services provided to them by the City of Belleville. (City Code: Section 50.021.)

This box for Staff Use Only

Building Address: _____ Suite #: _____ Permit #: _____

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SITE INFORMATION

Site parcel number:

Property owner name:

Property owner mailing address:

Zip:

Property owner email:

Property owner phone number:

Will you be making structural interior or exterior changes to the site? Yes No If so, list the changes: _____

Additional plumbing fixtures added? Yes No If so, list the changes: _____

Have you applied for building permits? Yes No If so, when: _____

Square footage of space devoted to occupancy: _____ SQ

Number of parking spaces devoted to occupancy: _____

Site Plan submittal is required when submitting an application of Commercial Occupancy. *Reference the attached example.*

As **APPLICANT** for a Certificate of Commercial Occupancy and/or Business License, I certify under penalty of perjury that this form has been completed to the best of my knowledge. I understand that completion of this form does not exempt me from the City Codes in any way and that I must comply with all codes, ordinances, and regulations of the City of Belleville, Illinois.

I, _____, (Printed name of applicant) certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true and accurate.

Applicant signature

Date:

As **BUILDING OWNER** of the subject property, I 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 the City Codes in any way and that I must comply with all codes, ordinances, and regulations of the City of Belleville, Illinois.

I, _____, (Printed name of building owner) certify under penalty of perjury that all of the above statements and the statements contained in any papers or plans submitted herewith are true and accurate. I am authorized to and do consent to entry onto the premises by City of Belleville employees for inspections of the premises.

Building owner signature

Date:

This application is NOT a permit and the premises shall not be occupied until all required inspections are made and all discrepancies (if any) are corrected. Application fee is non refundable. This application will expire in 60 days from date of submittal.

Building Address: _____ Suite #: _____ Permit #: _____

Applicant: Include this blank page when submitting the Commercial Occupancy application to City staff.

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ALL DEPARTMENTS LISTED MUST SUBMIT APPROVAL/DENIAL TO THE ECONOMIC DEVELOPMENT, PLANNING, & ZONING OFFICE.

ECONOMIC DEVELOPMENT, PLANNING & ZONING DEPARTMENT:

_____ Approved _____ Denied If denied, the reason: _____

Zoning District: _____ Ward: _____ Area of Special Control: Yes No

Historical District: Yes No TIF District: _____ Enterprise Zone: Yes No

Notes: _____

Staff approved: _____ Date: _____

WASTE WATER DEPARTMENT:

_____ Approved _____ Denied If denied, the reason: _____

Additional Tap Fee \$ _____

Staff approved: _____ Date: _____

FIRE DEPARTMENT:

_____ Approved _____ Denied If denied, the reason: _____

Notes: _____

Staff approved: _____ Date: _____

BUILDING DEPARTMENT: (Property, Electrical, Plumbing, Mechanical)

_____ Approved _____ Denied If denied, the reason: _____

Notes: _____

Staff approved: _____ Date: _____

TREASURER'S DEPARTMENT:

_____ Approved _____ Denied If denied, the reason: _____

Notes: _____

Staff approved: _____ Date: _____

MAYOR'S OFFICE:

_____ Approved _____ Denied If denied, the reason: _____

Notes: _____

Staff approved: _____ Date: _____

- This application is NOT a permit and the premises shall not be occupied until all required inspections are made and all discrepancies (if any) are corrected. Application fee is non refundable.
- This application will expire in 60 days from date of submittal.

Building Address: _____ Suite #: _____ Permit #: _____

SITE PLAN - WORKSHEET

INTERIOR

EXTERIOR (if applicable)

Use the Key below when labeling the specialized areas.

SEE REVERSE PAGE FOR EXAMPLE

LOCATE KEY

HZ – Hazardous materials

EX – Exit doors

FE – Fire extinguishers

D – Dishwasher

H2O – Drinking fountain

GT – Grease trap (indicate size)

HS – Hand sink

MB – Mop basin

3C – 3 compartment sink

H – Hood system

L – Lavatory

MR – Men’s restroom

FR – Female restroom

HCR – Handicap accessible restroom

U - Urinal

T - Toilet

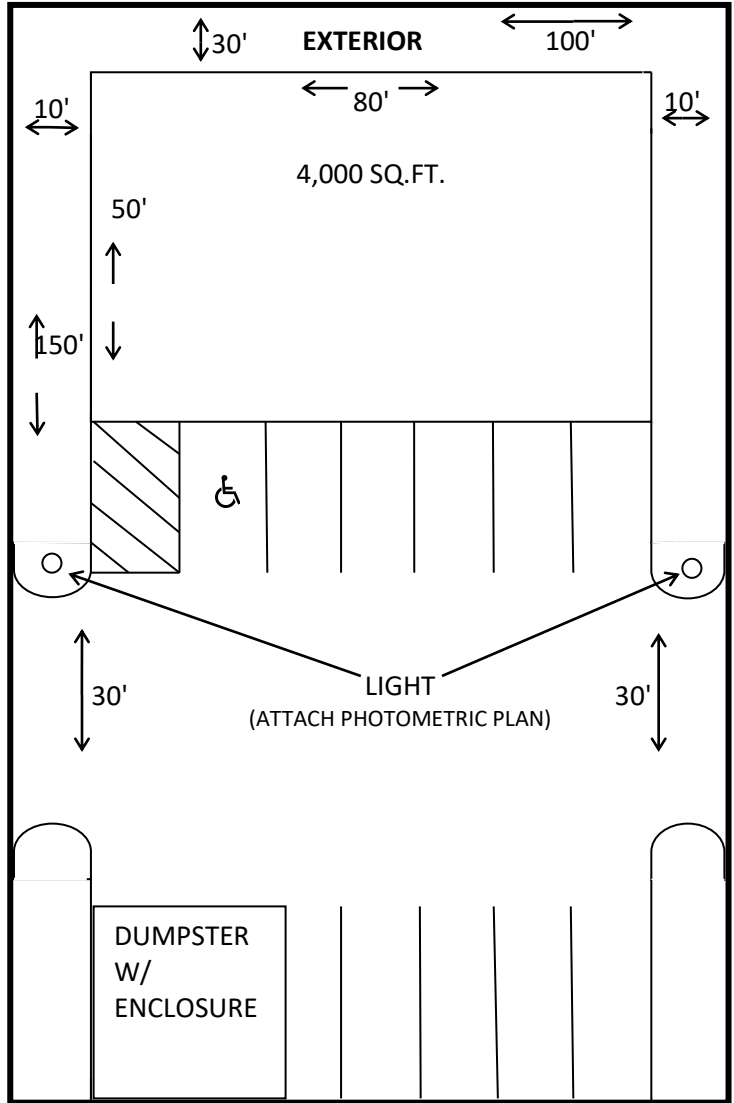
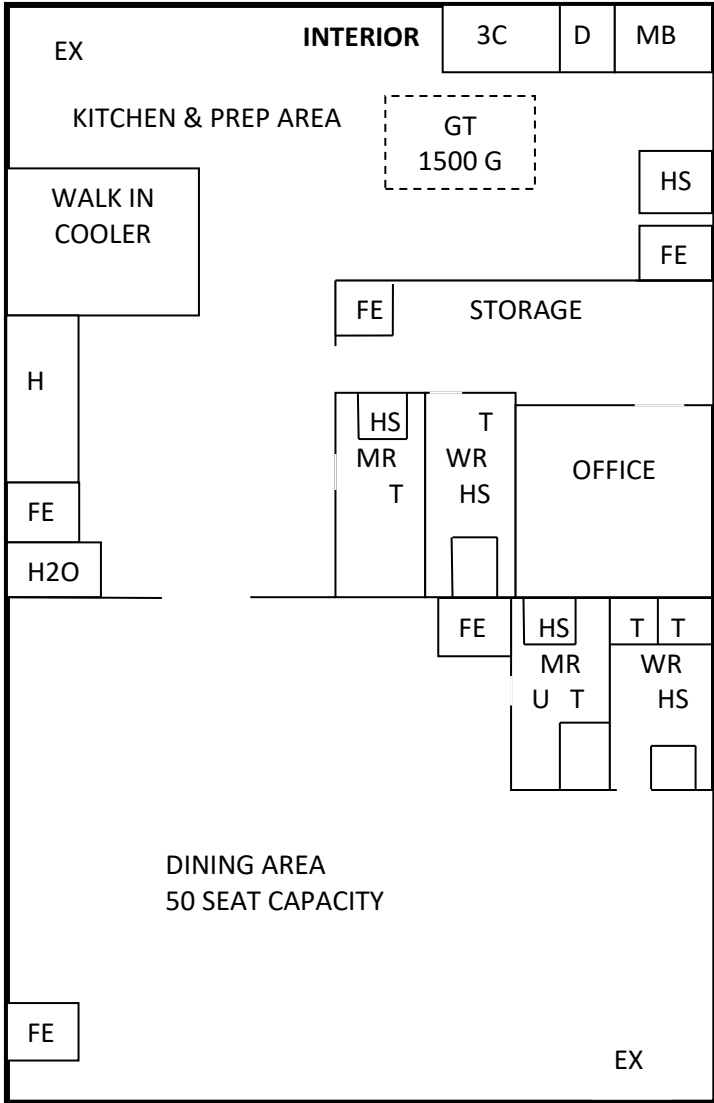
WB – Hair wash basin

PB – Pedicure basin

Business address: _____

Additional notes:

EXAMPLE: SITE PLAN



LOCATE KEY

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