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## CERTIFICATE OF OCCUPANCY APPLICATION

RESIDENTIAL		COMMERCIAL	
<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> FINAL	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> FINAL
PROJECT INFORMATION			
Projected Date of Occupancy:		Business Type:	
Property Address (including lot / suite #):			
Project / Business Name:			
Applicant Name:			
Company:			
Email:			
Address:			
City:	State:	Zip Code:	
Phone:	Cell:	Fax:	
Building Permit #:	Building/Tenant Area (sq. ft.):		
Occupant Load (Commercial Only):	Hazard Rating (Commercial Only):		
Proposed Use of Building/Space (Commercial Only):	Present Use of Building/Space (Commercial Only):		
Use Group Classification (Commercial Only):			
Type of Construction (Commercial Only):			
Civil Record Drawings Required (4 Copies):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Subdivision (if applicable):
Landscape Record Drawings Required (3 Copies):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sprinkler Record Drawings Required (3 Copies):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

CONTACT INFORMATION			
<b>Applicant Information (if applicable)</b>			
Name:			
Company:			
Email:			
Address (including suite #):			
City:	State:	Zip Code:	
Phone:	Cell:	Fax:	
<b>Owner Information (if different than applicant)</b>			
Name:			
Company:			
Email:			
Address (including suite #):			
City:	State:	Zip Code:	
Phone:	Cell:	Fax:	

**Occupancy Application – Village of Lincolnshire, IL – Community & Economic Development**

**SUBMITTAL STATEMENT**

I, \_\_\_\_\_, certify that the information contained in this application, attached plans, and specifications, and other attached documentation is true to the best of my knowledge. I also recognize that as the permit applicant, all fees and requirements associated with the review and future approval of the work described herein are my responsibility.

Signature: \_\_\_\_\_

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

**ARCHITECT / DESIGN PROFESSIONAL INFORMATION (if required by Building Official)**

Name:		
Company:		
Email:		
Address (including suite #):		
City:	State:	Zip Code:
Phone:	Cell:	Fax:
License #:		

I, \_\_\_\_\_, declare that I have reviewed and/or designed the documents associated with this application, and therefore, take responsibility for the design work on behalf of a registered design firm. In addition, I certify that the information contained on the attached plans and specifications, and other attached documentation is true to the best of my knowledge, and accurately depicts the subject site on the date these documents were prepared.

Signature: \_\_\_\_\_

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