



VILLAGE OF SKOKIE

APPLICATION FOR CERTIFICATE OF OCCUPANCY

Community Development Department
Building & Zoning Division
5127 Oakton St. 1st Floor
Phone (847) 933-8223 • Fax (847) 933-8230

(Please Type or Print Clearly and Complete All Sections)

GENERAL INFORMATION

Date of Application _____

Is this application being submitted because of a (please check all that apply):

New Use or Change in Use _____ New Business Owner _____ New Property Owner _____

On which date do you intend to open? _____

BUSINESS INFORMATION

Name of Business _____

Address _____

Suite or Unit # _____

Skokie, IL Zip Code _____

Business Phone # _____

Business Website _____

Total Square Footage of Tenant Space _____

BUSINESS CONTACT INFORMATION

Full Name _____

Title (CEO, manager, etc) _____

Address _____

City/State/Zip _____

Email Address _____

Phone # _____

BILLING INFORMATION

Billing Address _____

Contact Name _____

City/State/Zip _____

Contact Department _____

For Office Use Only:

CE Application # _____

Inspection Date & Time _____

Building Permit # _____

Date of Occupancy _____

Zoning District: _____

Land Use _____

LBCS Function Code # _____

Use: Per. _____ Spec. _____ Not Per. _____ Rest. _____

Parking Analysis Required _____

Zoning Board of Appeals / Plan Commission Approval _____

ADDITIONAL BUSINESS INFORMATION

Type of Business _____

Please describe the day-to-day activities of your proposed business:

Is your business a non-profit institution? _____ Religious assembly/services ? _____

Retail goods or service(s) provided on site? _____ Manufacturer or Wholesaler? _____

of Tables and Seats (Food Service Uses Only) _____ Will food be prepared or sold on site? _____

Maximum # of employees on site at one time _____ Total # of Employees _____

FEIN # _____ Illinois Retailer's Occ. # _____

Will liquor be served on premises or sold from the premises? _____

Will cigarettes or tobacco be sold on the premises? _____

of amusement devices or vending machines: Amusement _____ Vending _____

PROPERTY INFORMATION

Property Owner _____ Phone # _____

Address _____ City/State/Zip _____

Email Address _____ Single or Multiple Tenant(s) Site _____

of Parking Spaces on Site _____

Name and Use of Prior Business (If Known) _____

Fee Schedule: (Application fees are based upon the gross floor area of your tenant space)

All uses except within the Southeast Industrial District		Uses located within the Southeast Industrial District	
Less than 1,000 sq. ft	\$ 225.00	Less than 1,000 sq. ft	\$ 305.00
1,001 to 3,000 sq. ft	\$ 250.00	1,001 to 3,000 sq. ft	\$ 330.00
3,001 to 10,000 sq. ft	\$ 300.00	3,001 to 10,000 sq. ft	\$ 380.00
10,001 to 100,000 sq. ft	\$ 400.00	10,001 to 100,000 sq. ft	\$ 480.00
Over 100,000 sq. ft	\$ 700.00	Over 100,000 sq. ft	\$ 780.00

BUSINESS CONTACT SIGNATURE _____ **DATE** _____

PROPERTY OWNER SIGNATURE _____ **DATE** _____

EMERGENCY CONTACT INFORMATION

Please list the emergency contact information for any person who can access the tenant space after normal business hours.

PRIMARY BUSINESS CONTACT

Full Name _____ Email Address _____

Home Address _____ City/State/Zip _____

Daytime Phone # _____ Evening Phone # _____

ALTERNATE CONTACT

Full Name _____ Email Address _____

Home Address _____ City/State/Zip _____

Daytime Phone # _____ Evening Phone # _____

ALTERNATE CONTACT

Full Name _____ Email Address _____

Home Address _____ City/State/Zip _____

Daytime Phone # _____ Evening Phone # _____

ALTERNATE CONTACT

Full Name _____ Email Address _____

Home Address _____ City/State/Zip _____

Daytime Phone # _____ Evening Phone # _____