



# VILLAGE OF SKOKIE

## APPLICATION FOR CERTIFICATE OF OCCUPANCY

Community Development Department  
Building & Zoning Division  
5127 Oakton St. 1<sup>st</sup> Floor, Skokie, IL 60077  
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 or did you first open? \_\_\_\_\_

### BUSINESS INFORMATION

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

Address \_\_\_\_\_ Suite or Unit # \_\_\_\_\_

Skokie, IL Zip Code \_\_\_\_\_ Business Phone # \_\_\_\_\_

Business Website \_\_\_\_\_ Fax # \_\_\_\_\_

Total Square Footage of Tenant Space \_\_\_\_\_

### BUSINESS CONTACT INFORMATION

Full Name \_\_\_\_\_ Title (CEO, manager, etc) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Driver's License or State ID # \_\_\_\_\_

### 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<br>(South of Oakton St and east of Hamlin Ave only) |           |
|--|-----------|---|-----------|
| Less than 1,001 sq. ft.                                  | \$ 225.00 | Less than 1001 sq. ft.  | \$ 425.00 |
| 1,001 to 3,000 sq. ft.                                   | \$ 250.00 | 1,001 to 3,000 sq. ft.  | \$ 450.00 |
| 3,001 to 10,000 sq. ft.                                  | \$ 300.00 | 3,001 to 10,000 sq. ft.   | \$ 500.00 |
| 10,001 to 100,000 sq. ft.                                | \$ 400.00 | 10,001 to 100,000 sq. ft.   | \$ 600.00 |
| Over 100,000 sq. ft.                                     | \$ 700.00 | Over 100,000 sq. ft.  | \$ 900.00 |

**\*The fee for a certificate of occupancy obtained subsequent to the occupancy shall be double what the cost of the certificate of occupancy would have been.**

**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 # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

### **ALTERNATE CONTACT**

Full Name \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

### **ALTERNATE CONTACT**

Full Name \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

### **ALTERNATE CONTACT**

Full Name \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

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