

Village of South Elgin  
Community Development Department

10 N. Water Street  
847-741-3894  
847-741-3959 FAX

Monday – Friday  
8:30 a.m. – 5:00 p.m.  
www.southelgin.com

## WORKSHEET FOR CERTIFICATE OF OCCUPANCY

**\*\*Please allow five (5) business days to process paperwork\*\***

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

Building Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different from property): \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Lessee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Code Edition: \_\_\_\_\_ Design Occupant Load: \_\_\_\_\_

Square Footage of Building or Unit: \_\_\_\_\_ Parcel # \_\_\_\_\_

Automatic Sprinkler System Provided (circle): YES NO

Type of Construction: \_\_\_\_\_ Occupancy Group or Groups: \_\_\_\_\_

Requesting Party (print): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Requesting Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CLOSING DATE:** \_\_\_\_\_

For Office Use Only

File Number: \_\_\_\_\_ Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_