



Building Department  
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Received \_\_\_\_\_  
Entered \_\_\_\_\_  
Approved \_\_\_\_\_  
Contractor Reg. \_\_\_\_\_  
Completed \_\_\_\_\_

## CHANGE OF OCCUPANCY PERMIT

PERMIT NUMBER: \_\_\_\_\_

### Location of Building or Structure

Address: _____	Zoning: _____
Subdivision: _____	Unit: _____ Block: _____ Lot No.: _____
Legal Description/PIN No. : _____	

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

Scheduled Opening Date: \_\_\_\_\_ Tenant Space/Building Square Footage \_\_\_\_\_

Type of Business:

- Business (general office, dentist, hair/nail salon, contractor office, etc.)  
 Restaurant  
 Mercantile (retail sales)  
 Industrial  
 Fabrication  
 Storage (warehouse)  
 Daycare  
 Bed & Breakfast  
 Hotel/Motel

Owner \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Field Contact – Name: \_\_\_\_\_ Site Telephone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

*Permit fee for life safety inspection and Certificate of Occupancy: \$90.00*

### **CERTIFICATE:**

The applicant agrees to conform to all applicable, Federal, State, and Local laws of this jurisdiction. I also agree that all work performed under this permit will be in accordance with the plans and specifications which accompany this application, except for such changes as may be required by the adopted Building Code and the Inspection Officials.

### **I HEREBY CERTIFY THE ABOVE STATEMENTS TO BE CORRECT:**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ (Owner/Owner's Agent)

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_ (Building Inspector)

\_\_\_\_\_ OEDC copy

\_\_\_\_\_ BUILDING & ZONING copy