



Building Department
100 Parkers Mill, Oswego, IL. 60543
PH: 630-554-2310 Fax: 630-554-7545
Email: BZinfo@oswegoil.org

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