



Change of Occupancy

Permit Application

City of Mendota

800 Washington St., Mendota, IL 61342

Business Owner Name:	
Proposed Business Name:	
Address: Mendota, IL 61342	
Business Phone:	Owner Phone:
Email:	
Building Owner Name (if different than business owner):	
Building Owner Address:	
Building Owner Phone:	
Building Owner Email:	
Type of business opening:	
<input type="checkbox"/> Business (office space) <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing <input type="checkbox"/> Healthcare <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Non-Profit <input type="checkbox"/> Rental/Storage <input type="checkbox"/> Edu/Church <input type="checkbox"/> Service <input type="checkbox"/> Warehouse <input type="checkbox"/> banquet hall <input type="checkbox"/> Mix/Other _____	
Is the proposed business type different than the previous use? Yes No	
Proposed Zone?	Square foot of commercial building space?
Was/Is Construction Work done? Yes No	Total/Anticipated cost of work?
Tentative Opening Date?	Will a new sign be placed? Yes No
Note: <ul style="list-style-type: none"> Any paid construction must be completed by a city-registered contractor. Building construction can not begin until permits are obtained. New signs must have a permit. Buildings downtown must meet historical society requirements. Must follow steps in checklist below to obtain Certificate of Occupancy Permit. 	
CERTIFICATE of SIGNATURE:	
The applicant agrees to conform to this jurisdiction's applicable, Federal, State, and Local laws. I also agree that all work performed under this permit will be in accordance with the plans and specifications that accompany this application, except for such changes as may be required by the adopted Building Code and the Inspection Officials.	
Signature: _____	Date _____
Checklist for Certificate of Occupancy Permit	
Building and Fire officials will complete the following items.	
<input type="radio"/> Occupancy Permit Submitted.	Date _____
<input type="radio"/> Preliminary Building/Fire-Safety walk through.	Date _____
<input type="radio"/> Building Permits Obtained.	Date _____
<input type="radio"/> Sign Permit Obtained.	Date _____
<input type="radio"/> Final Building Inspection.	Date _____
<input type="radio"/> Final Safety Inspection.	Date _____
<input type="radio"/> Certificate of Occupancy Permit Issued.	Date _____

