northbrook

FORM 7.4

VILLAGE OF NORTHBROOK
Development & Planning Services
1225 Cedar Lane
Northbrook, Illinois 60062
847 664-4050   FAX: 847 272-5068
www.northbrook.il.us

Certificate of Occupancy Request

PROPERTY ADDRESS: _____

Occupancy Requested (check one):

❑ Temporary Certificate of Occupancy (TCO)* – Allowance of Furnishings <u>ONLY</u>

❑ Temporary Certificate of Occupancy (TCO)*

❑ Final Certificate of Occupancy (FCO)

* The issuance of a TCO is valid for a period of thirty (30) days and will require a fee of **$100.00** along with collected escrow in the **minimal** amount of **$3,000.00** (dependant upon the outstanding items that remain towards the issuance of FCO) at the time of certificate issuance. <u>Please be advised that the $250.00 TCO fee will apply towards each re-validation of the certificate until a final certificate is attained.</u>

Permit/Applicant Information:

Building Permit #: _____

Property Owner:_____

Property Owner Address (if different than property address)_____

_____

Contact Name: _____

Contact Phone #: _____

Contact Email: _____

Certificate Processing/Submittal Requirements:

Date of Occupancy Request: _____

(Be advised that the subject request will warrant staff approval along with the administrative processing of the certificate. A minimum of 24 hours (1 day) shall be given from the time of occupancy request submittal and issuance of the certificate. You will be contacted once the certificate is ready for pick up.)

Be advised that in order for occupancy to be considered, you must have received a recommendation of occupancy from the following disciplines:

1.) **Building** Inspection
2.) **Site Engineering** Inspection
3.) **Fire** Inspection
4.) **Health** Inspection (Non-Residential -if applicable)

Municipal Deposit/Escrow Refund:

Once a Final Certificate of Occupancy is obtained, all collected frontage deposits/escrows shall be directly refunded to the <u>initial depositor</u> referenced below:

Initial Depositor Info: Name or Company _____
                                         Address:_____
                                         City:_____ State:_____ Zip:_____