



City of Collinsville
APPLICATION FOR COMMERCIAL OCCUPANCY INSPECTION
 Department of Community Development
 Building Division (618) 346-5200 Ext. 1126 Aboeving@collinsvilleil.org
Commercial TYPE "C" PERMIT FEE.....\$50.00

PROPERTY TO BE INSPECTED: (One Unit Per Application)

NAME OF BUSINESS: _____

STREET ADDRESS: _____ Unit #: _____

Property is/will be: Owner Occupied Tenant Occupied Other _____

Building Square Footage: _____ # of floors: _____ Current Business License: Yes No

Electricity Is On: Yes No Suppression System: Yes No

Kitchen Fire Suppression System: Yes No Fire Alarm System: Yes No

Any residential units attached to the business? Yes No

APPLICATION INFORMATION (MUST BE LOCAL CONTACT)

All correspondence, including renewal letters, will be mailed to the address, or email address, that you provide below.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Cell Phone: _____

Email Address (required): _____

BUILDING OWNERS INFORMATION (if different from applicants information)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Cell Phone: _____

Email Address (required): _____

EMAIL CORRESPONDENCE TO:

*I, the undersigned, do hereby certify that I am authorized to apply for the Commercial Occupancy Inspection. I understand no application will be processed or inspection conducted until full payment is made to the City of Collinsville. I am also responsible for ensuring the unit is available with all utilities turned on at the time of the inspection. An additional inspection fee will be assessed if the unit is not available for inspection, utilities are not on, or building needs an additional re-inspection because of continued violations. Subject to all fees as approved by City Ordinances. **I will schedule the inspection within 7 days** of the paid stamp on this application. **I am responsible for having any violations corrected and re-inspected within 30 days of inspection** by calling the Community Development office to schedule the re-inspection at (618) 346-5200 X 1126. If additional time is needed to repair the violations, I can submit, in writing, a request for an extension. No 3rd party allowed at time of inspection.*

Applicant's Signature _____ Printed Name & Title _____ Date _____

For Office Use Only

| | |
|---|--|
| <input type="checkbox"/> Business License Verified <input type="checkbox"/> Current Zoning Verified | Present for Inspection : <input checked="" type="checkbox"/> Building Official <input type="checkbox"/> -Fire Department |
| Inspection Date & Time: _____ | |