



Village of  
**WILLOWBROOK**  
COMMUNITY DEVELOPMENT

835 Midway Drive, Willowbrook, IL 60527  
Phone: (630) 920-2240  
Fax: (630) 920-2489  
[bzadmin@willowbrook.il.us](mailto:bzadmin@willowbrook.il.us)

Permit Number

RE-OCCUPANCY APPLICATION		FOR OFFICE USE ONLY			
<b>TYPE OF BUSINESS</b>		<b>DATE RECEIVED STAMP</b>		Final Occupancy Insp.	\$
Application Date (MM/DD/YY)				Final Cert.. Comp. Insp.	\$
Select one: <input type="checkbox"/> New <input type="checkbox"/> Relocating				Commercial Re-occupancy	\$
Is Applicant owner? <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>Total Fees: \$</b>	
Description of Business:				<b>Less Deposit: \$</b>	
<b>Proposed Use:</b>				<b>Balance Due: \$</b>	
<input type="checkbox"/> Contractor <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Storage <input type="checkbox"/> General Retail <input type="checkbox"/> Personal Service <input type="checkbox"/> Warehouse / Distribution / Storage <input type="checkbox"/> Industrial <input type="checkbox"/> Place of Assembly <input type="checkbox"/> Other, describe below <input type="checkbox"/> Lodging <input type="checkbox"/> Professional Office <input type="checkbox"/> Manufacturing / Assembly <input type="checkbox"/> Restaurant		Permit #:	Issued Date:	Approved By:	Approved Date:
<b>Potential Modifications:</b>		<b>Provide business use letter to include the following:</b>			
<input type="checkbox"/> Addition <input type="checkbox"/> Fire Suppression System <input type="checkbox"/> Signage <input type="checkbox"/> Demolition <input type="checkbox"/> Parking Lot <input type="checkbox"/> Other, describe below <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Racking		<input type="checkbox"/> Hazardous Materials		<input type="checkbox"/> Sale of Alcohol	
		<input type="checkbox"/> Live Entertainment		<input type="checkbox"/> Sale of Tobacco	
		<input type="checkbox"/> Outdoor Storage		<input type="checkbox"/> Truck / Trailer Parking	
<b>PROPERTY OWNER / AGENT</b>					
Street Address		Zip:	Zoning District:	Property Index Number (PIN) Required	
Shopping Center / Business Park		Lot #:	Unit #:		
Management Name (If applicable)		First Name		Last Name	
Phone (landline): _____		E-mail: _____			
Phone (mobile): _____		Fax: _____			
<b>TENANT / BUSINESS</b>					
Business Name		First Name		Last Name	
Business Address		City		State	Zip
Phone (landline): _____		E-mail: _____			
Phone (mobile): _____		Fax: _____			
<b>Additional Information</b>					
Building/Unit Size:		Number of Employees:		Number of Parking Spaces:	
<b>AUTHORIZATION (Signature &amp; names are required to proceed)</b>					
The property owner and applicant hereby certify to the accuracy of all the above information and in consideration of the issuance of a permit, agree to construct said sign(s) in compliance with all provisions of the Village of Willowbrook Zoning Regulations and the Village of Willowbrook Building Code..					
PERMIT VOID IF A SUBSTANTIAL START IS NOT MADE WITHIN SIX (6) MONTHS, AND/OR WORK HAS NOT PROGRESSED CONTINUOUSLY FOR SIX (6) MONTHS AND/OR IN ANY EVENT AFTER 18 (EIGHTEEN) MONTHS OF ISSUANCE.					
<b>SIGNATURE OF PROPERTY OWNER</b>		DATE	<b>SIGNATURE OF TENANT / HOA / BUSINESS OWNER</b>		DATE
PRINTED NAME:			PRINTED NAME:		
<b>SIGNATURE OF APPLICANT</b>		DATE			
PRINTED NAME:					