



**COMMUNITY DEVELOPMENT
DEPARTMENT**

**PRE-REQUEST FOR CERTIFICATE OF
OCCUPANCY**

3600 Kirchoff Road Rolling Meadows IL 60008
847-506-6030 www.cityrm.org

Today's Date

Property Address

Unit or Apt. #

If commercial property, please indicate company/tenant name

Intended Use of Property

Contact Name

Contact Phone Number

Contact Address

In order for your application to be reviewed, you must submit the following:

- Pre-Request Certificate of Occupancy Application fee: \$35
- Provide a **complete** description of intended uses and activities for the property
Supplemental Information Attachment Y N
- Schedule an inspection of the property
Inspections are scheduled Monday-Friday between 8:00 a.m. – 2:30 p.m. Please call 847-506-6030 to schedule an inspection.

DO NOT WRITE BELOW THIS LINE – FOR CDD USE ONLY

Property's zoning: _____ Is the intended use allowed per zoning? Y N

Property Inspection Date: _____ Passed Failed Copy of the inspection report attached?

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APPROVAL OF PRE-REQUEST FOR CERTIFICATE OF OCCUPANCY

Community Development Director

Date

Called Date

Initials