



**City of Collinsville**  
**APPLICATION FOR COMMERCIAL OCCUPANCY INSPECTION**  
 Department of Community Development  
 (618) 346-5200 Ext. 1143 cdadmin2@collinsvilleil.org  
**Commercial TYPE "C" PERMIT FEE.....\$\_\_\_\_\_**

Permit Fees 0 to 4,000 square feet - \$50.00 // 4,001 to 20,000 square feet - \$60.00  
 20,001 and over square feet - \$60.00 // \$2 per 10,000 square feet over 20,000 square feet

**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    (Additional Fee **\$10.00** Sprinkler System )

Kitchen Suppression System:  Yes     No (Fee **\$5.00** )    Fire Alarm System  Yes     No (Fee **\$5.00** )

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 3. If additional time is needed to repair the violations, I can submit, in writing, a request for an extension. No 3<sup>rd</sup> party allowed at time of inspection.*

Applicant's Signature \_\_\_\_\_ Printed Name & Title \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Business License Verified     Current Zoning Verified    **Present for Inspection :**     Building Official     Fire Department

**Inspection Date & Time:** \_\_\_\_\_