



**Village of Arlington Heights**  
Building & Life Safety Department  
847-368-5560  
www.vah.com

**Request for Final Certificate of Occupancy Residential**

Property Owner's Name: \_\_\_\_\_ Permit Number \_\_\_\_\_

Job-Site Address: \_\_\_\_\_ Code Edition: \_\_\_\_\_

Area or Portion of Building (Sq Ft.): \_\_\_\_\_

Sprinkler System Required: (Yes/No) \_\_\_\_\_ Sprinkler System Type: \_\_\_\_\_

Description of Area or Portion Thereof: \_\_\_\_\_

Type of Construction: \_\_\_\_\_ Use/Occupancy: \_\_\_\_\_ Design Occupant Load: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

Contractor Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contractor Email Address: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The undersigned is submitting this request for Certificate of Occupancy for the above listed project which has completed all final inspections for this project.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Certificate of Occupancy**

A building or structure shall not be used or occupied, and a change of occupancy or change of use of a building or structure or portion thereof shall not be made until the building official has issued a certificate of occupancy in accordance with applicable codes adopted and enforced by the Village of Arlington Heights. Issuance of a certificate of occupancy shall not be construed as an approval of a violation of the provisions of any codes or of any other ordinances of the Village of Arlington Heights.

Revised 4/17/2024