

# APPLICATION FOR CHANGE OF OCCUPANCY CERTIFICATE

Sangamon County Zoning and Building Safety Department  
Room 213 – County Building  
200 South Ninth St., Springfield, IL. 62701  
(217) 753-6760 \* (FAX) 535-3111 \* (E-Mail) [zoning@co.sangamon.il.us](mailto:zoning@co.sangamon.il.us)

<b>TAX ID#:</b>	<b>TOWNSHIP:</b>	<b>DATE:</b>
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**Property Owners Name & Address:** \_\_\_\_\_

<b>Mailing Address:</b>	<b>Daytime Phone #</b>
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<b>Project Address:</b>	<b>Type of Permit:</b> Building _____ Electrical _____ Plumbing _____ Mechanical _____
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**Legal Description:** \_\_\_\_\_

**Proposed Use:** \_\_\_\_\_ **Previous Use:** \_\_\_\_\_

**Building permits may be needed if alterations are being made to building or need to be made to comply with the Sangamon County Building Codes.**

**Signature of Applicant:** \_\_\_\_\_

**OFFICE USE ONLY**

<b>Existing Zoning:</b>	<b>Change of Zoning:</b> (If applicable)	<b>Lot or Parcel Size:</b>
<b>Permit Number:</b>	<b>Fee Paid:</b>	<b>Special Stipulations &amp; Conditions:</b>
<b>Zoning Approved:</b>	<b>Public Health Approval:</b>	<b>Automated Sprinkler System:</b> Yes _____ No _____
<b>Building Approved:</b>	<b>Mechanical Approved:</b>	<b>Occupancy Load:</b>
<b>Plumbing Approved:</b>	<b>Electrical Approved:</b>	<b>Building Code edition in which permit is issued:</b> I R C Section R105 _____ I B C. Section 105 _____
<b>Zoning Administrator :</b> Randy Armstrong	<b>Building Inspector:</b> Leonard Leveque	<b>Building Code Type:</b> Residential _____ Commercial Type I _____ Type II _____ Type III _____ Type IV _____ Type V _____
<b>Plumbing &amp; Mechanical Inspector:</b> Michael Smith	<b>Electrical and Mechanical Inspector:</b> Michael Ashenfelter	<b>Use &amp; Occupancy Classification Groups:</b> Assembly _____ Business _____ Educational _____ Factory & Industrial _____ High Hazard _____ Institutional _____ Mercantile _____ Residential _____ Storage _____ Utility & Misc. _____

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