



APPLICATION FOR ZONING REVIEW

TYPE or PRINT legibly. Non-legible fields may delay or prevent completion

Proposed uses must conform to the City's Comprehensive Plan and all applicable zoning codes. A valid Illinois license of the prospective occupant must be presented at time of application, and will be photocopied for City records.

DESCRIPTION OF BUILDING / PREMISES TO BE OCCUPIED / LEASED

Property Address: _____ Suite/Unit: _____

Parcel Index Number (PIN): ____ - ____ - _____ - _____ - _____

BUILDING OWNER / LANDLORD

First Name: _____ Last Name: _____

Company: _____

Address: _____ City/St/Zip: _____

Office Phone: _____ Cell Phone: _____

Email: _____ Website: _____

TENANT/ OCCUPANT/ BUSINESS OWNER

First Name: _____ Last Name: _____

Name of Business: _____

Home Address: _____ City/St/Zip: _____

Office Phone: _____ Cell Phone: _____

Email: _____ Website: _____

Is Business relocating from an existing location? Yes _____ No _____

If yes, address of existing location: _____

PROPOSED BUSINESS AND USE OF BUILDING / PREMISES

Attach additional documentation as necessary, e.g., *Business Plan, etc.*

1) Describe in detail the applicant's intended use for the above mentioned Building/space:

Estimated Percent (%) Use by Floor Area: (include all that apply)

_____ Retail Sales Area	_____ Restaurant Seating Area	_____ Kitchen/Service/Storage Area
_____ Residential	_____ Automotive Repair	_____ Accounting/Finance/Insurance Offices
_____ Medical Offices	_____ Medical Examination Rooms	_____ Client Services (<i>barber/salon/nail/spa</i>)
_____ Studio/Training	_____ Education	_____ Wholesale
_____ Manufacturing	_____ Other (<i>describe use</i>): _____	

2) Please indicate if any of the listed services will be provided at the proposed establishment:

Handle or Prepare Food
 Outdoor Seating
 Sell or Serve Alcohol Beverages
 Sell or Serve Tobacco
 Tanning Services
 Massage Therapy
 Other Unique Sales/Services _____

- 3) Hours of Operation: _____

- 4) Occupancy Information - Number of FTE Employees: _____ Customer/Client Floor Area: _____
Additional information as necessary: _____
- 5) Professional Accreditations: If Business or Use requires professional licensing or certification, list licensed and certified persons to be employed and indicate the amount of time each person will be located on site.

DESCRIPTION OF BUILDING / PREMISES TO BE OCCUPIED / LEASED

Square Feet _____ Planned _____ Off-Street Parking Spaces _____
 Leased/Occupied: _____ Opening Date: _____ Assigned in Lease to Premises: _____

- 1) Does the Building or Premises have a fire sprinkler system? YES _____ NO _____
- 2) Describe the prior use of the space to be occupied: _____
- 3) Are modifications required for Building/Premises? (e.g., walls, ceiling, floors, mechanicals, electric, plumbing, etc.) YES _____ NO _____ If YES, attach completed *Application for Plan Examination & Building Permit*, and all required plans for review.

Under penalty of intentional misrepresentation and/or perjury, I declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I realize that the information I have affirmed hereon establishes a basis for zoning review in connection with a possible future Certificate of Occupancy.

I acknowledge that this Application is not a Building Permit, Business License, or authorization to proceed with improvements or business operations, and the sole purpose of this Application is to describe the proposed business and use for purposes of a Zoning Review, and the City may require additional information for a possible Occupancy Permit. I am aware that occupancy of the Premises shall not occur until such time that a final inspection is made and passed, and a Certificate of Occupancy has been issued.

 Applicant's Signature _____ Date _____

BELOW FOR CITY USE ONLY

ZONING REVIEW

Current _____ Required _____ Use allowed per
 Zoning: _____ Zoning: _____ Current Zoning: Yes _____ No _____

NOTES: _____

 Reviewed & Approved by _____ Date _____

- Copy to Building Department
- Copy to City Administrator