

9500 Belmont Avenue, Franklin Park, Illinois 60131
Building: PHONE (847)671-8245 FAX: (847)671-8790
Zoning: PHONE (847)671-8276 FAX: (847)671-8790

Occupancy Packet & Business License Application

YOU ARE HEREBY NOTIFIED THAT A NEW OWNER/TENANT MUST OBTAIN AN OCCUPANCY PERMIT BEFORE OCCUPYING THE PREMISES AT

ADDRESS OF PROPERTY _____

In Franklin Park, Illinois 60131.

Applications for Occupancy Permits shall be obtained at the Building Department, 9500 Belmont Avenue, Franklin Park, Illinois, Second Floor. The packet must be filled out completely and returned to the Building Department in a timely manner. The application must be processed by both the Building Department and Zoning Department. You will be contacted by Village staff when your application has been reviewed.

The enclosed forms have been prepared to collect vital information needed by the Fire, Police, Health, Zoning, and Building Departments. The information will be used in our normal daily operation and during emergency. Information changed should be reported to the building administrator by calling (847)671-8245.

Below is a checklist of items needed to submit a valid application:

COMPLETED APPLICATION PACKET

COMMERCIAL USE LETTER (SEE LAST PAGE FOR INSTRUCTIONS)

SCALED SITE PLAN BASED ON PLAT OF SURVEY (SEE LAST PAGE FOR INSTRUCTIONS)

If purchasing property

Copy of presale inspection

If leasing property

Letter of authorization from property owner

OFFICE USE ONLY

STAMP _____ DATE _____ ZONING DISTRICT _____

ZONING USE & CLASSIFICATION _____

PARKING REQUIREMENT _____

COMMENTS _____

APPLICANT INFORMATION

COMMON BUSINESS NAME _____
 LEGAL BUSINESS NAME _____
 BUSINESS OWNER(S) _____
 ADDRESS TO BE OCCUPIED _____ UNIT # _____
REQUIRED IF MULTIPLE UNITS
 DIRECT BUSINESS PHONE _____ WEBSITE _____
 DIRECT BUSINESS EMAIL _____
 NAME OF PERSON TO CONTACT FOR INSPECTION _____
 PERSON TO CONTACT PHONE (OFFICE) _____ (CELL) _____

EMERGENCY CONTACT

This information will be used by the Fire and Police Departments in case of emergency

EMERGENCY CONTACT NAME 1 _____
 EMERGENCY PHONE (OFFICE) _____ (CELL) _____
 EMERGENCY CONTACT EMAIL _____
 EMERGENCY CONTACT NAME 2 _____
 EMERGENCY PHONE (OFFICE) _____ (CELL) _____
 EMERGENCY CONTACT EMAIL _____

PROPERTY OWNER CONTACT

BUSINESS TO LEASE OR OWN PROPERTY - - - - - - - - LEASE OWN
 NAME OF CURRENT BUILDING OWNER _____
 CURRENT OWNER'S ADDRESS _____
 CURRENT OWNER'S PHONE (OFFICE) _____ (CELL) _____
 CURRENT OWNER'S EMAIL _____

BUILDING OCCUPANCY

I WILL BE THE SOLE OCCUPANT IN THIS BUILDING - - - - - - YES NO
 IF NO, LIST ALL OTHER OCCUPANTS FOLLOWED BY BUILDING UNIT. IF VACANT, INDICATE AND LIST UNITS ONLY.

 WAS THE SPACE PREVIOUSLY VACANT? YES NO IF YES, FOR HOW LONG? _____
 IF PREVIOUSLY OCCUPIED, NAME THE PRIOR BUSINESS _____

BUSINESS INFORMATION

REASON FOR APPLICATION NEW BUSINESS BUSINESS RELOCATION BUSINESS EXPANSION
 OWNERSHIP CHANGE BUSINESS NAME CHANGE CHANGE OF USE
 NEW BUILDING OTHER _____

WHAT WILL THE PRIMARY USE OF THIS SITE BE? _____

LIST ANY SECONDARY USES _____

IF MANUFACTURING, LIST PRODUCTS: _____

WILL THE BUSINESS GENERATE SALES TAX? YES NO IF YES, ILLINOIS SALES TAX NUMBER _____

PROVIDE THE BUSINESS'S 4-DIGIT STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE _____

IN WHICH MUNICIPALITIES, IF ANY, HAVE YOU FORMERLY OWNED OR OPERATED A BUSINESS?

TYPE OF ENTITY CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP

DATE OF INCORPORATION _____ STATE OF INCORPORATION _____

HOURS OF OPERATION _____ CHECK DAYS OF OPERATION

WILL ANY OPERATIONS TAKE PLACE OUTSIDE OF THE BUILDING? YES NO M T W R F Sa Su

IF YES, PLEASE DESCRIBE _____

IF APPLICABLE, WHAT IS THE GUEST/DINING SEATING CAPACITY? _____

WILL FOOD BE SOLD ON SITE? YES NO WILL ALCOHOL BE SOLD ON SITE? YES NO

WILL THERE BE VENDING MACHINES ON SITE? YES NO IF YES, HOW MANY? _____

WILL THERE BE VIDEO GAMING TERMINALS ON SITE? YES NO IF YES, HOW MANY? _____

* At this Franklin Park site

EMPLOYMENT INFORMATION

TOTAL NUMBER OF EMPLOYEES* _____ MAX EMPLOYEES WORKING AT PEAK SHIFT* _____

WILL YOU HIRE NEW EMPLOYEES?* YES NO IF YES, HOW MANY... FULL-TIME? _____ PART-TIME? _____

ARE YOU INTERESTED IN POSTING A JOB ANNOUNCEMENT ON THE VILLAGE OF FRANKLIN PARK WEBSITE? YES NO

You may contact the Department of Community Development at 847-671-8276 if you would like to make an online job posting with the Village.

* Measured in Square Feet

BUILDING & SITE INFORMATION

SIZE OF PROPERTY TOTAL AREA* _____ SIZE OF BUILDING TOTAL AREA* _____

SIZE OF APPLICANT UNIT/SUITE* _____ LENGTH OF STREET FRONTAGE _____

IF APPLICABLE, FOR MULTI-TENANT BUILDINGS

WILL THERE BE ELEVATORS ON THE PREMISES? YES NO IF YES, HOW MANY? _____

WILL YOU MAKE BUILDING IMPROVEMENTS?*** YES NO IF YES, TOTAL COST? _____

***** IF YES, ATTACH DESCRIPTION OR PRELIMINARY PLAN OF IMPROVEMENTS**

STORAGE INFORMATION

LIST STORED MATERIALS _____

TYPE OF STORAGE CONTAINERS _____

MATERIALS ARE STORED ON _____ RACKS _____ CEMENT _____ BELOW GROUND _____ OTHER (EXPLAIN) _____

DO YOU PLAN ON STORING MATERIALS OR VEHICLES OUTSIDE THE BUILDING? YES _____ NO _____

* Metropolitan Sewer District

** Occupational Safety and Health Administration

SAFETY INFORMATION

ARE YOU REQUIRED TO SUBMIT TIER 2 INFORMATION TO THE STATE OF ILLINOIS? YES _____ NO _____

ARE YOU REQUIRED TO SUBMIT A CHEMICAL EMERGENCY PLAN TO THE FIRE DEPARTMENT UNDER THE ILLINOIS CHEMICAL SAFETY ACT?

YES _____ NO _____ IF YES, HAVE YOU SUBMITTED THE REQUIRED EMERGENCY PLAN? YES _____ NO _____

LIST PRODUCTS USED AND WASTE PRODUCTS PRODUCED IN THE FACILITY _____

HOW ARE WASTE MATERIALS BEING DISPOSED OF? (LIST INDIVIDUAL PRODUCT UNDER APPROPRIATE CATEGORY)

VENTED TO AIR _____

FLUSHED DOWN SEWER _____

HAULED AWAY (WHAT COMPANY?) _____

DO YOU PAY A SURCHARGE TO THE MSD? YES _____ NO _____ IF YES, ID NO. _____

ARE YOU IN COMPLIANCE WITH OSHA? YES _____ NO _____ HAVE YOU EVER BEEN CITED BY OSHA? YES _____ NO _____

CHECK IF THE BUILDING IS EQUIPPED WITH THE FOLLOWING FIRE ALARM SYSTEM _____ BURGLAR ALARM SYSTEM _____

IF APPLICABLE, BURGLAR ALARM COMPANY NAME _____ PHONE _____

IS THE BUILDING PROTECTED BY A FIRE SPRINKLER SYSTEM? YES _____ NO _____

* Americans with Disabilities Act

VEHICLE AND PARKING INFORMATION

HOW MANY **ON SITE** PARKING SPACES WILL BE AVAILABLE **FOR YOUR BUSINESS ALONE**? _____

HOW MANY **ON SITE** PARKING SPACES OR OTHER VEHICULAR FACILITIES ARE RESERVED FOR **ONLY** THE FOLLOWING:

CUSTOMERS _____ EMPLOYEES _____ SEMI-TRUCKS _____ WORK VANS/VEHICLES _____

LOADING DOCKS _____ SERVICE BAYS _____ GARAGE DOORS _____ OTHER _____

HOW MANY **ON SITE** PARKING SPACES WILL BE **ACCESSIBLE BY ADA* STANDARDS**? _____

HOW MANY **OFF SITE** PARKING SPACES WILL BE AVAILABLE FROM AGREEMENTS AND CREDITS? _____

IF APPLICABLE, VERIFY WITH ZONING STAFF

ON AVERAGE, HOW MANY TRUCKS WILL MOVE IN OR OUT OF THE SITE IN A DAY/WEEK? _____

HOW MANY AND WHAT TYPE OF VEHICLES WILL BE REGISTERED IN FRANKLIN PARK: _____

COMMERCIAL USE LETTER INSTRUCTIONS

Please provide a COMMERCIAL USE LETTER that includes the following:

- Detailed description of business operations and background
- Reason for locating in Franklin Park
- Manager, owner or person of responsibility contact
- Business marketing packet (if available)

ADDRESS TO: John P. Schneider
 Zoning Administrator
 Village of Franklin Park
 9500 W Belmont
 Franklin Park, IL 60131

Commercial use letter must be TYPED* using company letterhead or logo.

*If you do not have access to a personal computer to type a commercial use letter, free computer use is provided at the Franklin Park Public Library located at 10311 Grand Ave, Franklin Park, IL 60131.

SITE PLAN INSTRUCTIONS

Please provide a scaled SITE PLAN based on a plat of survey. This should include the following:

Exterior Site Plan

- Proposed buildings & structures with dimensions
- Addresses, unit/suite numbers, legend and scale

Parking Plan

- Dimensions for all on-site spaces, aisles, drive thru lanes, truck/trailer spaces, and loading docks
- Indicate type of space (ADA, employee, customer, etc.)

Landscaping Plan

- Required for new developments with 15+ parking spaces
- See Chapter 12 of Village Zoning Code

Operations and Interior Site Plan

- Label room/unit/suite numbers, if applicable
- Define rooms and areas in which operations will take place, (i.e. Kitchen, Storage, Shop Floor, etc)
- Indicate size and location of work or service stations
- Indicate location and number of seats, tables, fixtures, or amenities in which customers will utilize, if applicable
- If vehicle repair, provide number of service bays
- If operations/storage occur outdoors, indicate such activity on the exterior site plan

APPLICANT CERTIFICATION

I certify that the information provided in this application is true and correct to the best of my knowledge and agree that I have a continuing obligation to inform the Village if there is a change in circumstances.

 INITIAL

I certify that I will complete all work required by the Building Department before occupying the site and obtain all necessary permits for any site or building work I will undertake.

 INITIAL

I certify that I will obtain a Certificate of Occupancy before occupying the site.

 INITIAL

APPLICANT SIGNATURE _____ DATE _____

NAME OF APPLICANT _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF

_____, 20____.



 NOTARY PUBLIC