

# Village of Franklin Park

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

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

Zoning Classification \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE: Applications with missing information WILL NOT be accepted and WILL NOT initiate the application process.**



## Village of Franklin Park

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

PAGE 2 OF 5

### APPLICANT INFORMATION

COMMON BUSINESS NAME \_\_\_\_\_  
LEGAL BUSINESS NAME \_\_\_\_\_  
BUSINESS OWNER(S) \_\_\_\_\_  
ADDRESS TO BE OCCUPIED \_\_\_\_\_ UNIT # \_\_\_\_\_  
DIRECT BUSINESS PHONE \_\_\_\_\_ REQUIRED IF MULTIPLE UNITS  
DIRECT BUSINESS EMAIL \_\_\_\_\_ WEB ADDRESS \_\_\_\_\_  
NAME OF PERSON TO CONTACT FOR INSPECTION \_\_\_\_\_  
PHONE AND FAX OF PERSON TO CONTACT FOR INSPECTION \_\_\_\_\_

### EMERGENCY CONTACT

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

EMERGENCY CONTACT NAME 1 \_\_\_\_\_  
EMERGENCY PHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_  
EMERGENCY CONTACT EMAIL \_\_\_\_\_  
EMERGENCY CONTACT NAME 2 \_\_\_\_\_  
EMERGENCY PHONE (HOME) \_\_\_\_\_ (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 (HOME) \_\_\_\_\_ (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 \_\_\_\_\_

**PLEASE NOTE: Applications with missing information WILL NOT be accepted and WILL NOT initiate the application process.**



**Village of Franklin Park**

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**

**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 \_\_\_\_\_ CIRCLE DAYS OF OPERATION    **M T W R F S S**

WILL ANY OPERATIONS TAKE PLACE OUTSIDE OF THE BUILDING?     YES     NO

IF YES, PLEASE DESCRIBE \_\_\_\_\_

IF APPLICABLE, WHAT IS THE GUEST SEATING CAPACITY? \_\_\_\_\_

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

DO YOU HAVE VENDING MACHINES ON SITE?     YES     NO                    IF YES, HOW MANY? \_\_\_\_\_

WILL THERE BE ANY COIN-OPERATED GAMES ON PREMISES?     YES     NO                    IF YES, HOW MANY \_\_\_\_\_

\* At this Franklin Park site

**EMPLOYMENT INFORMATION**

TOTAL NUMBER OF EMPLOYEES\* \_\_\_\_\_ MAXIMUM NUMBER OF EMPLOYEES ON SITE\* \_\_\_\_\_

WILL YOU HIRE EMPLOYEES FOR THIS BUSINESS LOCATION?     YES     NO                    IF YES, HOW MANY? \_\_\_\_\_

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.

**BUILDING INFORMATION**

SQUARE FOOTAGE OF SPACE TO BE OCCUPIED \_\_\_\_\_ SQUARE FOOTAGE OF TOTAL BUILDING \_\_\_\_\_

LENGTH OF PROPERTY'S TOTAL STREET FRONTAGE \_\_\_\_\_

ARE THERE ELEVATORS ON THE PREMISES?     YES     NO                    IF YES, HOW MANY? \_\_\_\_\_

WILL YOU MAKE BUILDING IMPROVEMENTS? \*     YES     NO                    PROVIDE TOTAL COST OF WORK \_\_\_\_\_

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



**Village of Franklin Park**

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**

**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**

IN TOTAL, HOW MANY **ON SITE** PARKING SPACES ARE AVAILABLE **FOR YOUR BUSINESS ALONE**? \_\_\_\_\_

OF THE TOTAL NUMBER OF **ON SITE** PARKING SPACES, HOW MANY WILL BE AVAILABLE FOR **ONLY** THE FOLLOWING:

CUSTOMERS \_\_\_\_\_ EMPLOYEES \_\_\_\_\_ SEMI-TRAILER TRUCKS \_\_\_\_\_

HOW MANY SEMI-TRAILER TRUCKS WILL BE PARKED **ON SITE**? \_\_\_\_\_

HOW MANY COMMERCIAL VANS OR BUSES WILL BE PARKED **ON SITE**? \_\_\_\_\_

HOW MANY LOADING DOCKS ARE PRESENT? \_\_\_\_\_

HOW MANY **ON SITE** SPACES WILL BE **ACCESSIBLE BY ADA\* STANDARDS**? \_\_\_\_\_

ON AVERAGE, HOW MANY TRUCKS WILL MOVE IN OR OUT OF THE SITE IN A DAY? \_\_\_\_\_

HOW MANY VEHICLES WILL BE REGISTERED TO FRANKLIN PARK? \_\_\_\_\_

**PLEASE NOTE: Applications with missing information WILL NOT be accepted and WILL NOT initiate the application process.**



## Village of Franklin Park

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

PAGE 5 OF 5

### COMMERCIAL USE LETTER INSTRUCTIONS

Please provide a COMMERCIAL USE LETTER that includes the following:

- Detailed description of operations
- Detailed background of business
- 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 may be hand-drawn with a ruler. The site plan based on plat of survey should include the following:

#### Subject property

- Address, dimensions and scale
- Units located at the same address

#### Structures

- Existing with dimensions
- Proposed with dimensions

#### Parking

- On-site parking with number of spaces
- Indicate stalls to be used for customer, employee and semi-trailer truck parking

#### Operations

- Defined areas in which operations will take place
- Location of work or service stations
- If auto repair or service proposed, provide number of bays
- If salon proposed, provide number of chairs
- If medical office proposed, provide number of rooms
- If restaurant/bar/food establishment proposed, provide number of tables

### 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 of Franklin Park Building Department if there is a change in circumstances. I agree to comply with all applicable Village Code and certify that I will obtain all necessary permits for any site or building work I will undertake.*

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

APPLICANT RELATIONSHIP TO BUSINESS \_\_\_\_\_

**PLEASE NOTE: Applications with missing information WILL NOT be accepted and WILL NOT initiate the application process.**