



City of West Chicago

Community Development Department

475 Main Street, West Chicago, Illinois 60185

Phone: (630) 293-2200, ext. 131 / FAX: (630) 293-1257

Certificate of Occupancy #

FOR OFFICIAL USE ONLY

APPLICATION FOR ZONING APPROVAL

BUSINESS INFORMATION

(Business Address) (Suite or Unit #) West Chicago, IL 60185

(Business Name) (Phone) / (Fax)

(Business Manager or Contact Person's Name)

Type of Business (check all that are applicable):

____ Retail ____ Office ____ Manufacturing ____ Wholesale ____ Warehousing ____ Services

Please provide a detailed description of your business operations: _____

Number of Employees: _____

Business Hours (please specify if daily business hours vary): _____

Total Number of Parking Spaces On-site: _____

Total Number of Parking Spaces On-site Designated for your Business: _____
(please refer to Section 13.3 of the Zoning Code for parking space compliance information)

Total Number of Loading Docks On-site: _____

Total Number of Loading Docks Designated for your Business: _____

Location of Business in the Building (check all that are applicable):

____ Basement ____ 1st floor ____ 2nd floor ____ 3rd floor

____ Other (please specify) _____

Total Square Feet of your Business: _____

Total Square Feet of the Building: _____

Please provide a detailed list of all business related materials to be stored outside: _____

BUSINESS OWNER'S INFORMATION

_____/_____/_____
(Last Name) (First Name) (Middle Initial) (Phone) (Fax)

(Home Address)

_____/_____
(Date of Birth) (Driver's License #)

BUILDING OWNER'S INFORMATION

Type of Ownership: _____ Individual Owner _____ Partnership _____ Corporation

_____/_____
(Name) (Phone) (Fax)

(Address)

STATEMENT OF THE APPLICANT

I certify that all of the above information is true and accurate. Furthermore, my signature certifies that I have read and agree with all of the following:

After this Zoning Approval Application has been approved by City staff, the building you are moving into shall be brought into compliance with all applicable City codes. The building shall pass a change of occupancy inspection from both the City of West Chicago and the West Chicago Fire Protection District. If any violations found as a result of the occupancy inspection, said violations shall be corrected, reinspected, and approved before a Certificate of Occupancy will be issued. You acknowledge that you will be in violation of City code and subject to penalty if you occupy the building prior to the issuance of a Certificate of Occupancy. You also acknowledge that all new signs for your business shall be approved via a sign permit issued by the City prior to the sign's installation.

_____/_____/_____
(Signature of Applicant) (Print Name) (Interest in the Property) (Date)

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Community Development Director

Approved Denied

Signature: _____ Approval Date: ____/____/____

Comments: _____

Assistant Community Development Director

Approved Denied

Signature: _____ Approval Date: ____/____/____

Comments: _____

City Planner

Approved Denied

Zoning Code Section: _____

Signature: _____ Approval Date: ____/____/____

Comments: _____