



COMMUNITY DEVELOPMENT DEPARTMENT

505 Telsler Road  
Lake Zurich, Illinois 60047

(847) 540-1696  
Fax (847) 726-2182  
LakeZurich.org

*At the Heart of Community*

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**PROCEDURE FOR BUSINESS OCCUPANCY IN LAKE ZURICH**

- 1) Contact Community Development Department to determine if use is permitted at specific location. If use is permitted, follow step #2. If use is not permitted or requires a Special Use permit, follow step #7.
- 2) If your business proposes selling and/or serving alcohol, contact Michael Duebner at 847-540-1690 for liquor license requirements.
- 3) If your business proposes selling and/or serving food, contact the Lake County Health Department at 847-377-8040 for requirements.
- 4) If no alterations or improvements (structural, plumbing, electrical, etc.) are proposed, complete the attached forms and return them to the Building & Zoning Department along with the required inspection fee. After zoning approval, applicant will be contacted to schedule inspections. Please call 48 hours in advance of required inspection time. Inspections are conducted M-F between 8:30a.m.-3:30p.m.
- 5) Completed forms can be e-mailed directly to **Permits@LakeZurich.org**. The fee can be paid by cash, check (payable to the Village of Lake Zurich), and credit card or online at: ***http://LakeZurich.org/Epay***. All credit card and online payments are subject to a 2.25% processing fee.
- 6) If alterations/improvements are proposed, contact the Building & Zoning Department for permit requirements.
- 7) Once all inspections have passed and the Certificate of Occupancy is ready to be issued, a business representative will be required to sign for the Certificate at the Community Services Facility. If applicable, the business license fee will be due at time of Certificate issuance.
- 8) Businesses that are not permitted or require a Special Use permit need to receive approvals prior to occupancy allowance. The application process is approximately 60 days. Contact the The Village Planner at 847-540-1759 to arrange for a pre-application meeting.

**FEES FOR OCCUPANCY INSPECTION:**

<b>Square footage:</b>	<b>Fees</b>
0 - 2,000	\$65.00
2,001 - 5,000	\$100.00
5,001 - 10,000	\$200.00
10,001 - 50,000	\$400.00
50,001 + up	\$800.00

**PLEASE SUBMIT A FLOOR PLAN INDICATING THE AREA YOU INTEND TO OCCUPY WITH THE APPLICATION**

Failed inspections are allowed one re-inspection. Additional re-inspections are scheduled after a re-inspection fee is paid



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BUSINESS LICENSE & OCCUPANCY APPLICATION

ATTACH FLOOR PLAN CLEARLY ILLUSTRATING THE BUILDING AREA YOU INTEND TO OCCUPY

Check one of the following:

- Four checkboxes for occupancy types: New occupant in existing building No Interior Changes, Existing business with change of business ownership only, New occupant in existing Building with alterations, New occupant in New Building.

Other: \_\_\_\_\_

- 1. Business Name: \_\_\_\_\_
2. Location/address: \_\_\_\_\_ Business Phone: \_\_\_\_\_
3. Business owner's name: \_\_\_\_\_ Email: \_\_\_\_\_
4. Circle one: Single ownership, partnership, corporation, joint venture, other: \_\_\_\_\_
5. Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_
6. Emergency Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_
7. Type of business use (BE SPECIFIC) - if an office - what type of service, if retail, what products are sold, if manufacturing, what products, etc. \_\_\_\_\_
8. Employee/Building Data:

Table with 2 columns and 6 rows: Total Number of Employees per shift, Number of Toilet Rooms, Number of Exits, Total Square Footage of space, Proposed Move In Date, Coin Operated/Vending Machines/Games.

- 9. Will trucks be parked on site? \_\_\_\_\_ If yes, where? \_\_\_\_\_
10. A separate permit is required for parking lot sealing/restriping. Initial to acknowledge: \_\_\_\_\_
11. A permit and screening is required for changes to rooftop mechanical units. Initial to acknowledge: \_\_\_\_\_
12. Permanent & temporary signs require a permit (including banners etc). Initial to acknowledge: \_\_\_\_\_
13. Outdoor storage is not permitted; dumpsters shall be within approved enclosures. Initial to acknowledge: \_\_\_\_\_
14. RPZ (backflow preventers) shall be certified annually. Initial to acknowledge: \_\_\_\_\_

NO BUSINESS SHALL BE OCCUPIED WITHOUT A CERTIFIED OF OCCUPANCY AND BUSINESS LICENSE ISSUED BY THE VILLAGE OF LAKE ZURICH. FAILURE TO OBTAIN CERTIFICATE AND/OR BUSINESS LICENSE MAY RESULT IN BUSINESS CLOSING AND/OR FINES.

Signature - business owner/agent, Printed name - business owner/agent, Date

Office Use Only: Zoning: \_\_\_\_\_ Approved \_\_\_\_\_ SIC# \_\_\_\_\_ Denied \_\_\_\_\_ Comments: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_



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**PUBLIC WORKS DEPARTMENT**

505 Telser Road  
Lake Zurich, Illinois 60047

(847) 540-1696  
Fax (847) 726-2182  
LakeZurich.org

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**INDUSTRIAL WASTEWATER QUESTIONNAIRE**

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Facility Representative: \_\_\_\_\_

Describe the type of business activity at this location:

\_\_\_\_\_  
\_\_\_\_\_

Number of employees: \_\_\_\_\_ Days of operation: \_\_\_\_\_  
Hours of operation: \_\_\_\_\_

List all North American Industry Classification System Numbers (SIC Numbers): \_\_\_\_\_

Does this facility generate any wastewater from any manufacturing process?

Yes [ ] No [ ]

Does this facility operate a pretreatment process or device used for treating wastewater prior to discharge to the sewer? Yes [ ] No [ ]

Does this facility have a grease trap? Yes [ ] No [ ]

If yes, how many? \_\_\_\_\_

Name of person completing this report: \_\_\_\_\_

Title: \_\_\_\_\_

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**For Office Use Only**

Date Received: \_\_\_\_\_

Further Action Necessary: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_



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FIRE DEPARTMENT  
Fire Prevention Bureau

1075 Old McHenry Road  
Lake Zurich, Illinois 60047

(847) 540-5073  
FAX: (847) 550-1779  
LakeZurich.org

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**OCCUPANCY DIRECTORY / EMERGENCY CONTACTS**  
**FAX BACK TO FIRE PREVENTION BUREAU 847-550-1779**  
**OR EMAIL TO: [FIRE.BUREAU@LAKEZURICH.ORG](mailto:FIRE.BUREAU@LAKEZURICH.ORG)**

Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_

Business Owner: \_\_\_\_\_ After Hrs Phone: \_\_\_\_\_

**Building Owner:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Building Owner Mail Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Building Owner Email:** \_\_\_\_\_

LIST THE EMERGENCY CONTACTS THAT CAN BE CALLED FOR INFORMATION  
AFTER BUSINESS HOURS

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_



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FINANCE DEPARTMENT

70 East Main Street  
Lake Zurich, Illinois 60047

(847) 438-5141  
LakeZurich.org

## UTILITY BILLING ACCOUNT APPLICATION

### PROPERTY SERVICE ADDRESS

Street Address:		Unit #:
City:	State: IL	Zip:

### PROPERTY OWNER

Name (Last, First):	Home Phone:
Email:	Cell Phone:
Previous Lake Zurich Utility Billing Customer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Work Phone:
Mailing Address (if different):	Unit #:
City:	State: Zip:

“Can we sign you up for the free official Village e-newsletter, *Benchmarks?*”  YES  NO

### OCCUPANCY INFORMATION

Date to Start Service:	Is this property <input type="checkbox"/> Owner Occupied or <input type="checkbox"/> Rental?
IF RENTAL PROPERTY*	
Tenant Name (Last, First):	Tenant Phone:
Party to be billed: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	

\*Pursuant to Village regulation, the property owner and any tenants are jointly liable and agree to pay the Village of Lake Zurich as prescribed in the effective Village rate schedules and to comply with all applicable Village ordinances related to water and sewer matters.

### IDENTIFICATION AUTHENTICATION

<b>Primary Account Holder</b>	
Name (Last, First)	Type of ID:
If Other Identification, Explain:	Last four digits of government issued ID:
<b>Additional Authorized Parties (Optional)</b>	
Name (Last, First)	Type of ID:
If Other Identification, Explain:	Last four digits of government issued ID:
Name (Last, First)	Type of ID:
If Other Identification, Explain:	Last four digits of government issued ID:

### AGREEMENT

I hereby certify that the information provided is complete and accurate to the best of my knowledge. I/We understand and agree to the above conditions, which will remain in force until the Village receives written notice to terminate the above service.

Account Holder Signature: _____	Date: _____
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### INTERNAL USE ONLY

Date Application Received: \_\_\_\_\_ ID Verified by Staff: \_\_\_\_\_ Processed: \_\_\_\_\_