



*At the Heart of Community*

## COMMUNITY DEVELOPMENT DEPARTMENT

505 Telser Road  
Lake Zurich, Illinois 60047

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

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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 2.95% 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:

| Square footage:  | Fees     |
|------------------|----------|
| 0 - 5,000        | \$200.00 |
| 5,001 - 10,000   | \$300.00 |
| 10,001 - 50,000  | \$430.00 |
| More than 50,001 | \$590.00 |

#### **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 \$200.00 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:**

- ☐ 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:

|                                      |  |
|--------------------------------------|--|
| 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  
Responsible for above requirements

\_\_\_\_\_  
Printed name – business owner/agent

\_\_\_\_\_  
Date

**Office Use Only:** Zoning: \_\_\_\_\_  
SIC# \_\_\_\_\_

Comments: \_\_\_\_\_

Approved

Denied

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

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



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PUBLIC WORKS DEPARTMENT  
Public Works Division

505 Telser Road  
Lake Zurich, Illinois 60047

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

## Industrial Wastewater Questionnaire

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

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

Facility Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Business activity at this location: \_\_\_\_\_

Are raw materials used? Yes                      No                      If yes, please describe: \_\_\_\_\_

List all North American industry classification system numbers (SIC Numbers): \_\_\_\_\_

# of Employees: \_\_\_\_\_ Days of operation: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

Does this facility generate any wastewater from the manufacturing process? Yes                      No

If yes, please provide description of wastewater discharge. \_\_\_\_\_

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

If yes, please describe the process: \_\_\_\_\_

Quantity of storage of liquid in drums, totes, or bulk tanks: \_\_\_\_\_

Name and Title of Person completing this report: \_\_\_\_\_

-----**(Office use only)**-----

Date received: \_\_\_\_\_ Date reviewed: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Further action necessary: \_\_\_\_\_



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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 | Tenant Email:  |

\*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)                              | <input type="checkbox"/> Driver's License | <input type="checkbox"/> State ID | <input type="checkbox"/> Passport |
| Last four digits of government issued ID:       |   |                                   |                                   |
| <b>Additional Authorized Parties (Optional)</b> |   |                                   |                                   |
| Name (Last, First)                              | <input type="checkbox"/> Driver's License | <input type="checkbox"/> State ID | <input type="checkbox"/> Passport |
| Last four digits of government issued ID:       |   |                                   |                                   |
| Name (Last, First)                              | <input type="checkbox"/> Driver's License | <input type="checkbox"/> State ID | <input type="checkbox"/> Passport |
| 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: _____ |
|---------------------------------|-------------|

Please download and return completed form, along with required documentation, to the Finance Department at Village Hall, 70 E. Main Street, Lake Zurich, IL 60047. Required documentation includes a copy of applicant's driver's license/state id and deed/title, mortgage, or rental/lease agreement.

## INTERNAL USE ONLY

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