

CITY OF HIGHWOOD 17 HIGHWOOD AVE HIGHWOOD, IL 60040 Phone 847.432.1924 / Fax 847.432.0735 www.cityofhighwood.org

Application #

<u>Commercial/Business</u> <u>Certificate of Occupancy Application</u>

Please print clearly. Form must be filled out completely.

The following items must be submitted with every application. \$200.00 non-refundable payment. Submit a floor plan to scale (see item #3 for further details). Address of Proposed Business:				
Previous use*:				
Details/ Dimension:	Square Footage Area:			
	Property Owner Information			
Name:				
Address:				
Telephone Number:	Mobile/Cell Number:			
Email Address:				
	Applicant Information (If different than property owner)			
Name:				
Address:		_		
Telephone Number:	Mobile/Cell Number:			
Email Address:				



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1. Number of on-site parking spaces available to thi	s occupancy*	*:
2. Number of Employees:		
3 . Attach a scaled (1/4"=1") floor plan. Floor plan s counters, shelving, tables, chairs, desks, windows, o		1 1 ,
4. Will you be doing any alterations/remodeling?	Yes	\square No
If yes , please describe.		
Exterior:		
Interior:		
Electrical:		
Plumbing:		
Signage:		
5. Does the premise have a dumpster available?	Yes	\square No
State the location of the dumpster:		
6 . Is the dumpster screened? Yes No		
7. Will the basement be used? $\square Yes \square No \square N$	/A	
8. Is zoning variance required? \(\subseteq \text{Yes} \subseteq \text{No} \)		
9. Date of planned opening: / /		
I/We the undersigned, agree to comply with the /We agree to submit and obtain all required pe schedule a final inspection and obtain a Certific business. I/We understand that additional licer County Health Department approval, etc.) may	rmits, plans cate of Occu nses (i.e., liq	, and inspections. I/We agree to pancy prior to opening any uor, restaurant, arcade, Lake
Signature:		Date:
Print Name and Title / Position:		

^{*}As listed in the City of Highwood Zoning Code.

**List only spaces available exclusively to this tenant space. Omit if this is a strip center.