

City of Crystal Lake Community Development Department

100 W. Woodstock Street
Crystal Lake, IL 60014



Phone#: (815) 356-3605
Fax #: (815) 479-1647
www.crystallake.org

OCCUPANCY APPLICATION

New tenant in existing building. New owner of building or business. New tenant in new building. Proposed move-in date: _____

IBT # (IL Business Tax #): _____ Zoning District: _____ SIC/NAICS #: _____

Business/Company Name: _____ Premises Phone #: _____

Address of New Business: _____ Unit or Space #: _____ PIN#: _____

Business Owner Name: _____ Phone #1: _____ #2: _____

Business Manager Name: _____ Phone #1: _____ #2: _____

Property Owner Name: _____ Phone #1: _____ #2: _____

Type of business use: be specific - If an office, what type of service? If retail, what products? If manufacturing, what products made?

Total number of employees: _____ Maximum number of employees at one time: _____

Total number of existing parking spaces for building: _____ Square footage of business: _____

If the lease includes rights to parking spaces, indicate the total number of parking spaces allocated: _____

Will vehicles be stored/parked on site for more than 24 hours at a time? _____ If so, where? _____

Is any outdoor storage being proposed? _____

Please initial to acknowledge the following items:

A temporary sign permit is required with specific restrictions for all temporary signs including banners. The permit is required in advance of any temporary sign display. _____

Permanent signs require a separate submittal, permit and owner authorization. _____

Signature-Business owner or agent
person responsible for the above requirements.

Printed Name – Business owner or agent

Date

Email – Business owner or agent: _____

**NO BUSINESS SHALL OCCUPY A SPACE WITHOUT A CERTIFICATE OF OCCUPANCY OR
APPROVED FINAL INSPECTION**

OFFICE USE ONLY:

Zoning: _____ SUP/PUD #: _____ Approved: _____ Denied: _____ App #: _____

Approved Use: _____ NAICS#: _____ Number of parking spaces required for this business: _____

Comments: _____

Date Received: _____

Permit #: _____



CRYSTAL LAKE FIRE RESCUE DEPARTMENT

100 W. Woodstock Street
Crystal Lake, IL 60014
(815) 356-3640 (815) 477-2568 Fax
www.crystallake.org



The Emergency contacts listed below are of person(s) to be notified in the event of an after business hours incident. This confidential key holder list is for Fire and Police emergency use only. **The Fire Prevention Bureau requests that businesses provide current and complete contact information and update this information at least once a year.** The completed form should be mailed or faxed to Crystal Lake Fire Rescue Department at the address above. If you have any questions or concerns, feel free to contact our department at (815) 356-3640.

Emergency Information Update

(Print Clearly or Type)

Business _____

Date: _____

Address _____

Premises Phone #: _____

Crystal Lake, IL Zip _____

FAX #: _____

	Business Owner	Building Owner	Property Management
<u>Name</u>			
Phone #1			
Phone #2			

	Key Holder #1 <i>Called first</i>	Key Holder #2 <i>Called second</i>	Key Holder #3 <i>Called third</i>
<u>Name</u>			
Title			
Phone #1			
Phone #2			

Keyholder may be same as above.

<u>Knox Box</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location: _____
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Comments for the Fire Prevention Bureau: _____

<u>Office Use:</u>	Attention: _____
<input type="checkbox"/> Navaline _____	<input type="checkbox"/> Firehouse _____