

# 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

## LIMITED USE PERMIT

Business/Owner Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Business/Property Address: \_\_\_\_\_

Limited Use requested for: \_\_\_\_\_

Describe the project, including the general purpose of the proposed uses(s) and/or structures: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this an expansion of an existing operation? \_\_\_\_\_

If *Yes*, please indicate if any prior Limited or Special Use Permits were granted by the City.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are the proposed hours of operation? \_\_\_\_\_

\_\_\_\_\_

Provide your best estimate on the average number of daily customers: (if applicable) \_\_\_\_\_

Please refer to the limited use criteria for your proposed use in Article 2, Land Uses of the Unified Development Ordinance (Ask staff for a copy of the criteria or check the City's code at <https://ecode360.com/29066033>).

Does your project meet all the review criteria for the specific use?

\_\_\_\_\_

If not, please list and describe the variations that are being sought for this project. Please note that a Special Use Permit and/or variations may be necessary prior to approval of this project.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature-Business/Property owner or agent  
person responsible for the above requirements.

\_\_\_\_\_  
Printed Name – Business/Property owner or agent

\_\_\_\_\_  
Date

Email – Business owner or agent: \_\_\_\_\_

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**OFFICE USE ONLY:**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Permit #: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Plan Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_