

# City of Crystal Lake Community Development Department

100 W. Woodstock Street  
Crystal Lake, IL 60014



Phone#: (815) 356-3605  
Fax #: (815) 404-2107  
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      Printed Name – Business owner or agent      Date  
person responsible for the above requirements.

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



## AFTER HOURS CONTACT SHEET

- The emergency contacts listed below are person(s) to be notified in the event of an **after business hours** incident (please provide phone numbers that are reachable after regular business hours.)
- This confidential information is for Fire and Police emergency use only.
- **The Fire Prevention Bureau requests businesses provide current contact information annually.**
- You may e-mail completed forms to [fpb@crystallake.org](mailto:fpb@crystallake.org)
- Please contact our office if you have any questions at (815)356-3640.

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_ **UNIT/SUITE:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**BUSINESS/PREMISES PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

PLEASE LIST YOUR AFTER HOURS CONTACTS BELOW

**BUSINESS OWNER:**

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

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

E-mail: \_\_\_\_\_

**PROPERTY OWNER:**

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

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

E-mail: \_\_\_\_\_

**PROPERTY MANAGEMENT:**

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

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

E-mail: \_\_\_\_\_

**KEYHOLDER:**

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

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

E-mail: \_\_\_\_\_

**KEYHOLDER:**

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

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

E-mail: \_\_\_\_\_

**KEYHOLDER:**

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

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

E-mail: \_\_\_\_\_

**KNOX BOX:**       YES                                       NO                                       UNKNOWN

**LOCATION:** \_\_\_\_\_

**FORM SUBMITTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

-----THIS SECTION FOR OFFICE USE ONLY-----

**SPECIAL INSTRUCTIONS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CLWAN POS. #:** \_\_\_\_\_

FIREHOUSE       ETSB       SEECOM       COMPLIANCE ENGINE