



RULES FOR ESTABLISHMENT OF BUSINESS OCCUPANCY

1. Complete the attached document.
2. A **Plat of Survey** of a recent date (**must be dated within the last five (5) years**), sealed and signed by an Illinois registered land surveyor.
3. One (1) Proof of Ownership must accompany each application.
 - i. Copy of recorded Title Policy **or**
 - ii. Copy of recorded Deed **or**
 - iii. Copy of the **lease** from the owner of the property.
4. Submit, in writing, a **detailed** explanation of the type of business you are proposing to establish. This explanation should include, but not limited to the following information: The hours of operation, number of employees and the number of vehicles to be used in conjunction with the business; provide a sketch that contains a count of the number of existing parking spaces at the property site.
5. One (1) set of architectural (blueprint) plans, sealed and signed by an Illinois registered architect or structural engineer. If a food establishment, plans **must also** bear stamped approval from the Cook County Public Health Department, Food Program Manager, (708) 492-2035.
6. If occupying an existing structure and **no interior/structural changes have been made to the business establishment**, submit a notarized letter attesting to the said fact. In addition, and if applicable, you **must submit** proof of Cook County Public Health Department approval. (See phone number in above paragraph). Also, if the property is served by well and septic and has been closed for a period of twelve months or more, you **must submit** proof of adequacy for the existing septic and well. Please contact Cook County Public Health Department for additional information.
7. If any electrical or plumbing work has been done to the premises, a letter of intent from the **registered** Electrical Contractor and/or Plumbing Contractor must also be submitted detailing work to be done.
8. Identification/Advertising signs **must also** secure permits. Requirements for sign permits (or face change of the sign) can be requested from the Department of Building and Zoning.
9. Fee of **\$250** to be paid upon submittal of this request. Check to be made payable to **Cook County Collector**.
10. For more information email rubina.alam@cookcountyil.gov
11. For digital submission of application and supporting documents, please refer to our web site: www.cookcountyil.gov/BuildingZoning

DEPARTMENT OF BUILDING AND ZONING
OF COOK COUNTY, ILLINOIS

Timothy P. Bleuher
COMMISSIONER OF BUILDING AND ZONING
OF COOK COUNTY



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Chicago, IL 60602-3169
TEL (312) 603-0500
FAX (312) 603-9940
TDD (800) 526-0857

BUSINESS NAME: _____

PROPERTY OWNER'S NAME: _____

PROPERTY OWNER'S ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER: _____ LAST 4 DIGITS OF SOCIAL SECURITY # _____

TENANT'S NAME: _____

TENANT'S ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER: _____

ESTABLISHMENT ADDRESS: _____

INTENDED USE OF ESTABLISHMENT: _____

REAL ESTATE TAX NUMBER: _____ FEIN #: _____

NEW STRUCTURE? : YES _____ NO _____

If it is an existing structure, please answer the following questions:

1. Is property served by sewer & water or septic & well? _____

2. Has the establishment been closed for a period of twelve (12) months or more?
Yes _____ No _____

Please indicate name and daytime telephone number of the person who can be contacted to arrange a Task Force Inspection of the site: _____

Applicant's Signature

Date

****Office Use Only****

Task Force Inspection Date: _____ B _ P _ E _ F _ H _ Elevator _ Zoning _____

Annual Fees Current: Yes: _____ No: _____ If no, paid: _____

Remarks: _____

Approved by Commissioner: _____