



**City of West Chicago**  
 Community Development Department  
 475 Main Street, West Chicago, IL 60185  
 Phone: (630) 293-2200 x 131 / Fax: (630) 293-1257

Certificate of Occupancy # <hr/> <b>FOR OFFICIAL USE ONLY</b>
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**APPLICATION FOR ZONING APPROVAL**

**BUSINESS INFORMATION**

\_\_\_\_\_ West Chicago, IL 60185  
 (Business Address) (Suite or Unit #)

\_\_\_\_\_ / \_\_\_\_\_  
 (Business Name) (Phone) (Fax)

\_\_\_\_\_  
 (Business Manager or Contact Person's Name)

Type of Business (check all that are applicable):

Retail  Office  Manufacturing  Wholesale  Warehousing  Services

Please provide a detailed description of your business operations: \_\_\_\_\_

\_\_\_\_\_

Number of Employees: \_\_\_\_\_

Business Hours (please specify if daily business hours vary): \_\_\_\_\_

Total Number of Parking Spaces On-site: \_\_\_\_\_

Total Number of Parking Spaces On-site Designated for your Business: \_\_\_\_\_  
 (please refer to Section 13.3 of the Zoning Code for parking space compliance information)

Total Number of Loading Docks On-site: \_\_\_\_\_

Total Number of Loading Docks Designated for your Business: \_\_\_\_\_

Location of Business in the Building (check all that are applicable):

Basement  1<sup>st</sup> floor  2<sup>nd</sup> floor  3<sup>rd</sup> floor

Other (please specify) \_\_\_\_\_

Total Square Feet of your Business: \_\_\_\_\_

Total Square Feet of the Building: \_\_\_\_\_

Please provide a detailed list of all business related materials to be stored outside: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

