Commercial Occupancy Permits

- Occupancy by New Tenants
- Change of Ownership for existing buildings
- Change of Ownership for existing businesses

The Village of Orland Park Development Services Department allows occupancy for spaces within existing buildings with the following conditions:

- Building and Zoning applications must be completed and submitted for review.
- **Furniture layout and property site plan are also required.**
- Intended use must be approved in accordance with the Village Land Development Code. Call the Planning Division at (708) 403-5300 to confirm that your business is allowed to operate at the site your have selected or to help you locate sites which are appropriate.
- Final Occupancy Inspection approval to verify minimum fire, life safety, exiting, accessibility to environmental limited persons, and health hazard conditions.
- Occupancy Only Permit fees for commercial use include a $145.00 inspection/permit fee and a $40.00 zoning permit fee.
- Sign permits require a separate sign permit application. Contact Barb Lynch at (708) 403-6223 for sign permit information and fees.
- Business Licenses are required per Title 7, Chapter 2 of the Village Code. Fee is based on square footage, except for food service establishments where the fee is based on the number of seats. Contact Michelle Balsamo at (708) 403-6225 for license applications and fee information.
- Massage Therapy Establishments require a Police background check and approval before a Certificate of Occupancy and Business License can be issued. Call (708) 349-4945 for application and more information. All Massage Therapists are required to be licensed by the State of Illinois.
- Separate Licenses and Applications are also required for:
    - Vending Machines
    - Amusement Devices
    - Sale of Tobacco

Permit Fees – Village Code, Title 5, Chapter 2

Required Inspections:

Final Building, Electrical, Plumbing, Mechanical and Fire inspections are required before Certificate of Occupancy and Business License are issued. Health inspections will be required if applicable. Inspection request forms must be completed in person, on-line at www.orland-park.il.us, or faxed in. Inspection requests are not taken over the phone.

ORLAND FIRE PROTECTION DISTRICT

ISO CLASS 2

9790 West 151st Street
Orland Park, IL 60462-3110

Telephone (708) 349-0074
Fax (708) 349-0354

FIRE DEPARTMENT CHECK LIST FOR NEW TENANTS

FIRE EXTINGUISHERS:	Must be of a 4-A 60-BC rating, (Dry chemical) A minimum of one is required. More may be added, depending on size and number of exits. Locate within 5' of exit doors.
AUTOMATIC FIRE ALARM BUILDINGS:	Utilizing smoke detectors and manual pull stations. S.D. required in every enclosed room, closet, or combustible space. Pull stations at every exterior exit. Audio/visual alarms are required. Pull stations may be required.
SPRINKLERED BUILDINGS:	Utilizing fire sprinkler, a sprinkler head is required to cover 100% of the floor area. A minimum of 1 head is required in every room, closet, or combustible space.
TENANT SPACE STROBE LIGHT:	A strobe light may be required at store front, connected to the smoke detector/heat detector, kitchen hood, system, or sprinkler water flow to identify problems in your space.
KEYLESS LOCK SETS FOR EGRESS:	No keyed locks on the egress side are allowed. No slide bolts, flush bolts, latches or hasps are allowed either. The exterior side of the door may be key locked.
EXIT SIGNS:	Must be dual voltage with battery back-up.
EMERGENCY LIGHTING:	Must cover the egress paths leading to exits.
ADDRESS/SUITE NO.:	The letters of numbers must be 6" high on a building exterior for tenants, and 4" minimum, for interior hallway tenants.
SUPERVISION:	All alarms and sprinkler systems are to be connected to the Orland Fire Protection District Dispatch Center.

Revised 08/22/96

ORLAND PARK
BUILDING DIVISION

14700 Ravinia Avenue • Orland Park, IL 60462 • Phone (708) 403-5300

NO. _____
DO NOT WRITE IN THIS SPACE

DATE ISSUED: _____

APPLICATION FOR BUILDING/OCCUPANCY PERMIT

Building Use:
☐ Residential ☐ Industrial
☐ Commercial ☐ Other_____

Type of Construction:
☐ New ☐ Occupancy
☐ Remodel ☐ Other_____

Valuation of Construction $_____

Total Square Feet _____ Located on Lot/Space _____ Subdivision _____

Address _____ Real Estate Tax Index No._____

Owner/Tenant	Address	Phone
Architect	Address	Phone
General Contractor	Address	Phone
Excavator	Address	Phone
Brick Mason	Address	Phone
Carpenter	Address	Phone
Cement	Address	Phone
Dry Wall	Address	Phone
Electrician	Address	Phone
Heating	Address	Phone
Painting	Address	Phone
Plumber	Address	Phone
Sewer Builder	Address	Phone
Roofer	Address	Phone
Tiling	Address	Phone
Paving	Address	Phone
Insulator	Address	Phone
Fire Protection	Address	Phone
Landscaper	Address	Phone
Iron Worker	Address	Phone

PLAN REVIEW	$_____
BUILDING	$_____
ELECTRIC	$_____
PLUMBING	$_____
MECHANICAL	$_____
DRIVEWAY	$_____
SIDEWALK	$_____
ZONING PERMIT	$_____
CERTIFICATE OF OCCUPANCY	$_____
SCHOOL DISTRICT	$_____
LIBRARY	$_____
FEES BY AGREEMENT	$_____
PARK	$_____
ROAD EXACTION	$_____
FIRE DISTRICT	$_____
WATER CONNECTION	$_____
WATER METER	$_____
WATER FOR CONSTRUCTION	$_____
_____	$_____
_____	$_____
TOTAL	$_____

The undersigned hereby applies to the Building Division of the Village of Orland Park, IL for a permit to erect, alter, construct, or enlarge the structure or part thereof herein described, and if granted the permit applied for I will comply with all requirements of the village ordinances relating thereto and pay the fees required by such ordinances.

NOTE: SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

Signature of owner or registered agent

_____

Address _____

_____

Telephone No. _____

APPLICATION DATE _____

RECEIPT HEREBY ACKNOWLEDGED. PERMITS AND PLANS CHECKED. PERMITS MAY BE ISSUED.

BY _____
Building Official

NOTE: Please Print Firmly Through All 4 Copies

Village of Orland Park
ZONING PERMIT

Please read and answer all questions below. Entire form must be complete.
If applying for Zoning Permit *ONLY*—$40.00 fee required at time of submittal.

Name of Applicant _____
Address _____
_____
Telephone _____
E-Mail Address _____

Property Owner _____
Address _____
_____
Telephone _____
E-Mail Address _____

Address to which the permit applies _____ P.I.N __ __ - __ __ - __ __ __ - __ __ __ - __ __ __ __
Name of Business _____ Existing Use of Building _____
Proposed Use of Building _____
_____

Please Check One: ☐ New Construction ☐ Existing Building

Are any exterior changes proposed to the existing building, to the site or to the landscaping? ☐ Yes ☐ No
If yes, additional planning approvals may be required

Project Description: *(describe in detail)* _____
_____
_____

It is understood that any permit issued on this application will not grant any right or privilege to erect any structure or to use any premises described for any purpose or in any manner prohibited by the Land Development Code or by other ordinances, codes, or regulations of Village of Orland Park. It is further understood that unless a substantial project start is made within six (6) months, and unless substantial progress is made within one (1) year, and unless construction is completed within two (2) years from the date of issuance of this permit (unless this period should be extended upon such application being received from the applicant) this permit shall become null and void.

_____ _____
SIGNATURE OF APPLICANT DATE

THIS SECTION—STAFF USE ONLY

Existing Zoning _____ Proposed Land Use _____ Legistar/Permit # _____

Proposed Use ☐ Permitted ☐ Not Permitted ☐ Permitted with additional approval

Notes _____
_____
_____

☐ Approved ☐ Denied Date_____ Name_____

VILLAGE OF ORLAND PARK
14700 RAVINIA AVENUE
ORLAND PARK, ILLINOIS 60462
APPLICATION FOR GENERAL BUSINESS LICENSE

PLEASE COMPLETE BOTH SIDES OF APPLICATION

PLEASE NOTE: Any misrepresentation or falsification of the information sought below may result in revocation of the license as granted and fines may be applicable. For information or questions, please call (708) 403-5300.

Date of Application:	Opening Date: Fee: $

Illinois Retailers Occupational Tax No. __ __ __ __ X __ __ __ __ (Illinois Sales Tax Number)

Name of Business: _____

Address: _____

City: _____State: _____ Zip Code: _____

Business Phone : (_____)_____ Emergency Phone:(_____)_____

Contact:_____ Contact E-Mail Address: _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE

Name: _____

Address: _____

City: _____State: _____ Zip Code: _____

Phone No.: (_____)_____ E-Mail Address: _____

PARENT COMPANY MAIN OFFICE

Name: _____

Address: _____

City: _____State: _____ Zip Code: _____

Phone No.: (_____)_____ E-Mail Address: _____

Square Footage of All Areas: _____ Sq. Ft.	Restaurant Seating Capacity: _____

TYPE OF OWNERSHIP: ( ) INDIVIDUAL ( ) PARTNERSHIP ( ) CORPORATION

Required Information – License will not be issued unless completed!

OWNER'S NAME:_____PHONE NO.(_____)_____

HOME ADDRESS_____

CITY _____STATE_____ZIPCODE _____

DRIVER'S LICENSE NO._____S.S.N. _ __ __-__ __-__ __ __ __ DATE OF BIRTH_____

If more than one owner or partner, list all above requested information on a separate sheet and attach hereto.

Will you be selling Tobacco Products? YES ( ) NO ( ) Separate application and license is required.

If a Corporation, please give name, address and telephone number of Registered Agent.

REGISTERED AGENT _____PHONE NO.(_____)_____

ADDRESS_____CITY_____STATE_____ZIPCODE_____

ARE PREMISES LEASED? YES ( ) NO ( )

If yes, NAME OF OWNER:_____PHONE NO.(_____)_____

ADDRESS_____CITY_____STATE_____ZIPCODE_____

BUSINESS STATUS

_____ CHANGE OF OWNERSHIP _____NEW BUILDING _____ REMODELING

_____ NEW USE _____ RENEWAL _____ OTHER

DETAILED DESCRIPTION OF BUSINESS REQUIRED _____

_____

WILL BUSINESS BE MANUFACTURING, STORING OR SELLING ANY TYPE OF HAZARDOUS MATERIAL(S)? YES ( ) NO ( )

MISCELLANEOUS INFORMATION X *PLEASE COMPLETE ALL APPLICABLE SECTIONS*

Number of Mobile Foods Units:_____ Number of Bowling Alleys: _____

VENDING MACHINES: Number of $.01 to $.15 _____ Number of $.15 or more _____ Juke Box _____

Number of Ice or Milk _____ Number of Honor Boxes _____ Other: _____

NUMBER OF AUTOMATIC AMUSEMENT DEVICES: _____ (Please attach sheet with serial numbers.)

NUMBER OF FULL TIME EMPLOYEES: _____ NUMBER OF PART TIME EMPLOYEES: _____

GROSS ANNUAL RECEIPTS: $_____

Separate licenses are required for Massage Therapy and the Sale of Liquor. If applicable, please request the necessary applications.

IT IS AGREED THAT AUTHORIZED INSPECTIONS WILL BE ALLOWED AS PRESCRIBED BY ORDINANCE.

_____

SIGNATURE OF OWNER OR AGENT FOR OWNER REQUIRED