



<https://www.cookcountyil.gov/agency/building-and-zoning-0>

RULES FOR ESTABLISHMENT OF BUSINESS OCCUPANCY

Please address the following requirements with respect to your permit application. The department of Building and Zoning now requires digital submissions for all applications and supporting documents. Applicants that have digital files 10MB or less are encouraged to email their submittals to: rubina.alam@cookcountyil.gov. If your submittal is larger, we accept an electronic copy on flash drive or CD (pdf format). Please mail the paper copy along with the fee to above address Attn: Rubina Alam, Zoning Administrator.

1. **Complete application** on page 2 of this document.
2. **Plat of survey** less than five (5) years old; sealed and certified by an Illinois Registered Land Surveyor.
3. One digital copy of **Proof of Ownership** must accompany each application
 - Copy of recorded Title Policy **or**
 - Copy of recorded Deed **or**
 - Copy of the lease from the owner of the property
4. Submit 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 digital set of **architectural plans**, sealed and signed by an Illinois registered architect or structural engineer. If the business is a food establishment, plans must also bear stamped approval from the Cook County Public Health Department, Food Program Manager.
<http://www.cookcountypublichealth.org/contact-us/permits-and-licensing/food-permits>

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. 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. (847-818-2841)
<http://www.cookcountypublichealth.org/contact-us/permits-and-licensing>
6. 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.
7. 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.
8. Apply online for a General Business License (GBL) with the Cook County Department of Revenue
<https://www.cookcountyil.gov/service/general-business-license>
Enter the GBL# on this application in the space provided.
9. Please provide a letter of approval along with occupancy calculations from the local Fire Department.
10. **Fee of \$250** to be paid upon submittal of this request. Check to be made payable to Cook County Collector.

DEPARTMENT OF BUILDING AND
ZONING
OF COOK COUNTY, ILLINOIS

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



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Business Name				
Property Owner's Name				
Property Owner's Address				
City	State	Zip	Phone	Email
Tenant Name				
Tenant Address				
City	State	Zip	Phone	Email
Establishment Address				
Intended Use of Establishment				
Real Estate Tax Number		FEIN #	GBL#	
New Structure? Yes _____ No _____	If it is an existing structure, please answer the following questions:			
	1. Is the property served by sewer & water or septic & well? _____ and _____			
	2. Has the establishment been closed for a period of twelve (12) months or more? Yes _____ No _____			
Name and daytime phone of person who can be reached to arrange a Task Force Inspection of the Site:				
Applicant Signature			Date	

*****OFFICE USE ONLY*****

Task force Inspection Date	B	P	E	H	ELEVATOR Y N # _____	Sign: Yes No # _____	
Application fee: Amount: _____	Check #: _____		ZONING:				Electrical: Yes No Size: _____
Remarks:							

Approved by Commissioner

Date