VILLAGE OF Mundelein Building

300 Plaza Circle
Mundelein, IL 60060
Phone: (847) 949-3283
Fax: (847) 949-4278

OCCUPANCY REQUEST FORM

Examination of the structure is required by the Building Department when the use of the occupied space changes and/or the tenant changes.

BUSINESS NAME:_____

BUSINESS ADDRESS:_____ **BUSINESS PHONE:**_____

BUSINESS OWNER: _____

HOME ADDRESS: _____

CITY: _____ STATE:_____ ZIP:_____

PHONE (DAY):_____ PHONE (NIGHT):_____

CELLPHONE: _____ EMAIL: _____

BUILDING OWNER:_____

HOME ADDRESS:_____

CITY: _____ STATE:_____ ZIP:_____

PHONE (DAY):_____ PHONE (NIGHT):_____

CELL:_____ EMAIL: _____

BUILDING MANAGER: _____

HOME ADDRESS:_____

CITY: _____ STATE:_____ ZIP:_____

PHONE (DAY):_____ PHONE (NIGHT):_____

CELL: _____ EMAIL: _____

EMERGENCY CONTACT PERSON(S)/KEYHOLDER(S)

(Prefer LOCAL person with access to building)

1. NAME: _____ EMAIL:_____

ADDRESS: _____ CELL: _____ PAGER: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ (DAY) PHONE: _____ (NIGHT)

2. NAME: _____ EMAIL:_____

ADDRESS: _____ CELL: _____ PAGER: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ (DAY) PHONE: _____ (NIGHT)

IS BUILDING ALARMED? _____ ALARM COMPANY: _____

TYPE OF ALARM: BURGLAR FIRE (CIRCLE APPLICABLE) ALARM COMPANY PHONE: _____

TYPE OF BUSINESS (Provide an attached written description of your business): Do you deal with Second Hand Goods? Yes ☐ or No ☐

_____

HOURS OF OPERATION:

MONDAY – FRIDAY	AM/PM	TO	AM/PM
SATURDAY	AM/PM	TO	AM/PM
SUNDAY	AM/PM	TO	AM/PM

NUMBER OF EMPLOYEES: _____ GROSS AREA OF SPACE OCCUPIED: _____ sq. ft. GROSS STORAGE AREA: _____ sq. ft.

LIST HAZARDOUS MATERIALS STORED: _____

TAX ID NUMBER: _____ _____ _____

(SIGNATURE OF BUSINESS OWNER/AUTHORIZED AGENT) (DATE)

ZONING: OFFICE USE ONLY

ZONING DISTRICT: _____ ZONING APPROVED: YES NO (CIRCLE ONE) _____ (DATE) _____ (SIGNATURE OF AUTHORIZED VILLAGE PERSONNEL)