



601 Heartland Drive
Sugar Grove, IL 60554

P 630-466-8954

f 630-466-1083

www.sugar-grove.il.us

Commercial Change Application

Subject Property _____ Application date _____
Building address _____ Single-user or multi-tenant _____

Property owner name _____ Email _____

Property owner address _____ Phone _____

New Use _____ Anticipated occupancy date _____

Business name _____

Business owner name _____ Email _____

Business address _____ Suite _____ Phone _____

Type of business _____ Specific use _____

of employees (at peak hr. using space) _____ # of customers (at peak hr. using space) _____

Please check all that apply: _____ Sq. ft for business space _____

New business entity (an entirely new business). New business name (name change)

New business at this address. (address change) What was previous address? _____

New owner of existing business (owner change)

Alteration or renovation to interior of existing building Alteration or renovation to exterior of existing building and / or site

Previous Use

Business name _____

Type of business _____ Specific use _____

Sq. Ft. for business space _____ Date previous use ceased _____

Parking

Total number of off-street parking spaces _____ Number assigned to this business _____

Number of handicapped spaces _____ Number of spaces leased elsewhere _____ Where? _____

Signature

Further submittals may, if necessary, be needed to Kane County Health Department, Fox Metro Water Reclamation District for Wastewater review and KDOT –Kane County Department of Transportation for review.

I hereby certify that I am the business owner/tenant or authorized agent qualified to complete this application and the facts and declarations of intent set forth above are true and are intended to be relied upon by the established officials of the Village of Sugar Grove. I also understand that additional information may be required to complete this application i.e. site plan, architectural drawings, etc.

Print name _____ Date _____

Signature _____

FOR VILLAGE USE ONLY

Permitted use _____ Food service, number of seats _____

Use subject to standards _____

Special Use (exception) _____ Ordinance Number _____

Zoning _____ Approved for zoning _____ Permit # _____

Special conditions _____

Date of building construction _____

Approvals

Date

Planning & Zoning _____

Fire _____

Fox Metro _____

Plumbing _____

Building _____

State Fire Marshal _____

(If required)

Health Department _____

(If required)