



Village of Sugar Grove

601 Heartland Drive

Sugar Grove, IL 60554

630-391-7220 · 630-391-7245 · www.sugargroveil.gov

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 _____

State Tax ID # (please attach copy) _____

of employees (at peak hr. using space) _____

of anticipated 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 only)

___ New business at this address. (address change) previous location 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

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 _____

Further submittals and possibly permits, may be necessary including but not limited to: Kane County Health Department, Fox Metro Water Reclamation District for Waste system review and KDOT –Kane County Department of Transportation for review.

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 _____

(Only if building permit required or for food facility)

Plumbing _____

Building _____

State Fire Marshal _____

(If required)

Health Department _____

(If required)