

**COMMERCIAL RE-OCCUPANCY
APPLICATION FOR PERMIT**

Permit #: _____

Date Issued: _____

Approved By: _____

Property Address: _____

Suite/Unit: _____

Building Owner's Name: _____

Phone: _____

Address: _____

Fax: _____

Email: _____

Proposed Business Name: _____

Tenant's Name: _____

Phone: _____

Address: _____

Fax: _____

Email: _____

1) Describe in detail the applicant's intended use (s) for the above-mentioned Building/space:

2) Please indicate if any of the listed services will be provided at the proposed establishment:

Sell Alcohol or Serve Beverages Handle or Prepare Food Provide Tanning Services
 Provide Massage Therapy Require Outdoor Seating Sell Tobacco Other _____

3) Describe the former use(s) of the space (ex: retail, clothing store): _____

4) What is the total leased square footage of the space? _____

5) Number of Off Street Parking Spaces: _____

6) Does the Building have an Automatic Sprinkler System? Yes No

7) Describe the use of space immediately adjacent to the building that will be occupied. Please include facilities that are immediately above and/or below.

8) List any and all alterations or additions that are anticipated for the space including and not limited to painting, carpentry, ceiling tiles, lighting, sinks, walls, etc.

9) **Please attach the following:** A copy of plans drawn to scale and \$150.00 application fee; checks are to be made payable to the City of Wheaton.

Under penalty of intentional misrepresentation and/or perjury, I declare that I have examined and/or made this application and is true and correct to the best of my knowledge and belief. I realize that the information that I have affirmed hereon forms a basis for the issuance of a certificate of occupancy. I am aware that occupancy shall not occur until such time that a certificate has been issued.

Applicant's Signature _____ Date: _____