

## **Zoning Compliance Certification**

The Village of Malta requires the issuance of a Zoning Compliance Certificate before any new business or use may open in any commercial area of the Village. This certificate is also required if an existing business or use is planning to relocate to another tenant space, building or property within the Village. If, after a Zoning Compliance Certificate has been issued, the business or use is to be modified or changed in any way, then the original application must be amended to reflect the contemplated changes.

In order to determine whether or not a business/use would be permitted, information must be provided to the Village by the potential business owner as well as the property owner. Any change to an existing business (for which a Zoning Compliance Certificate is in place) which would render the previous information submitted to the Village inaccurate and requires the submittal of an application for a new Zoning Compliance Certificate.

It is imperative that the applicant provide all the information requested so that the application can be processed as quickly as possible. If certain information has not been specifically requested by the Village but the applicant believes that such information may be helpful in understanding the business/use being proposed, it should also be submitted. Once a Zoning Compliance Certificate has been issued, the information submitted by the applicant will be used to determine the future conformance of the business/use.

It is the obligation of the property owner to make sure that the information provided by a proposed tenant is complete and accurate. Both the property owner and the operator/owner of the business (if different from the property owner) must sign the completed application.

***Any business which opens without these permits will be closed down.***

If you have any questions about what information should be provided to obtain a Zoning Compliance Certificate, or any other questions regarding opening a new business please call the Building and Zoning Department at 815-825-2330 ext. 2

All food service applicants must be in compliance with the DeKalb County Health Department.

# Zoning Compliance Certification Application

Address of property: \_\_\_\_\_

Owner(s) of property: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Owner(s) of proposed business/use: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## Description of Proposed Business/Use:

Name of Business: \_\_\_\_\_

State Sales Tax Number: \_\_\_\_\_

List goods to be sold: \_\_\_\_\_

\_\_\_\_\_

List services offered: \_\_\_\_\_

\_\_\_\_\_

Hours of operation: \_\_\_\_\_  
(weekdays and weekends)

Area (square footage) of tenant space/business: \_\_\_\_\_

Maximum number of employees on the premises at any one time (estimate) \_\_\_\_\_

Describe any unusual aspects of the business/use: \_\_\_\_\_

\_\_\_\_\_

List any other “registrations” or licenses required for proposed business/use provide a copy when possible:

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List any restrictions on customers or clients: \_\_\_\_\_

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Describe any aspect of the business/use which involves the on-premises assembly, construction, or creation in any other manner, of the goods or services which would be sold or provided to the customer or client:

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Describe any aspect of the business/use that would involve the outside storage, display or sale of anything connected with the business/use: \_\_\_\_\_

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Describe any antennas or other telecommunication devices that may be needed: \_\_\_\_\_

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How and when are goods delivered to the business/use? \_\_\_\_\_

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Describe how goods are delivered to customers or clients: \_\_\_\_\_

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Describe the work that must be done to the tenant space to accommodate the proposed business/use: \_\_\_\_\_

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Describe the traffic pattern, parking spaces, drive through service area:

List any chemicals or products used or stored on premises that are considered hazardous materials: \_\_\_\_\_

**Attach sketches** showing the layout of the tenant space and indicate what each area would be used for. (example: scaled drawing showing large front area indicated showroom and smaller rear area indicated as office). **Show detail** of how the space will be used, seating capacity if any, service counters, refrigeration, cooking appliances, outdoor signage also requires a permit and approval.

**Note: Answer all questions thoroughly. If your answers require additional space, you may use the back of these sheets, or attach additional pieces of paper.**

\_\_\_\_\_  
Printed name of property owner or authorized agent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of business/use owner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of receipt of completed application:

\_\_\_\_\_  
Fire Department Life-Safety Inspection:

\_\_\_\_\_  
Additional information requested:

\_\_\_\_\_  
Building Department Pre-Occupancy Inspection:

\_\_\_\_\_  
Zoning Compliance Certificate approved:

\_\_\_\_\_  
Denied:

\_\_\_\_\_  
Permitted Use(s)

\_\_\_\_\_  
Previous Use: \_\_\_ Retail \_\_\_ Office \_\_\_ Other