

**CITY OF LOCKPORT
APPLICATION FOR NEW BUSINESS PERMIT**

Welcome to the City of Lockport!

As the City wants to ensure that you, your employees, and the public's health, safety and welfare are provided for, before your business opens, we need to make sure that the building meets the minimum requirements and standards for your business. ***Refer to attached Information Sheet for Zoning, Building, Fire, Health and Liquor License requirements and contact information.***

Complete this application and submit to the Building Department. Once your pre-inspections have been completed, we will contact you to issue the permit so you may move into your space and begin set-up for the business. **A floor plan layout shall be required.**

Any misrepresentation or falsification of the information requested may result in revocation of the permit and fines may be applicable.

NOTE: You may NOT open for business until you have received a certificate of occupancy. Opening prior to obtaining an occupancy certificate will result in penalty fees being assessed.

Name of Business: _____
Address of Business: _____
Phone Number of Business: _____
Manager/Contact Name: _____ Phone: _____ Email: _____
Type of Business: Retail () Office () Manufacturing () Warehousing () Other ()
Explain: _____
Previous Use of Business: _____
Type of Products/Services: _____
Number of Employees: _____
Days of Operation: _____ Hours of Operation: _____
Size of Building: _____
Single or Multiple Occupancy Building? _____ Zoning of Property: _____
Will this Business have a vending machine? YES () NO () (If YES please contact the City Clerk)
Will any new signage be installed? (Ex: Window, Free Standing, Awning, Etc.) ____ Yes ____ No
*Any new/change in signage will require a separate permit, please see Sign Application for more information.

Business Owner Information:

Business Owner: _____ E-Mail: _____
Address: _____
Phone #: _____ After Hours Emergency #: _____

Property Owner Information & Consent:

Property Owner Printed Name: _____ E-Mail: _____
Address: _____
Phone #: _____ After Hours Emergency #: _____

I acknowledge and consent to the business owner submitting this permit application for the property listed above.

Property Owner Signature: _____ Date: _____

Applicant's Certification:

I hereby certify that I have read, understand and agree to conform to all governing information and regulations set forth by the City Council of Lockport. I understand I am not to open my business until a FINAL occupancy certificate has been issued to me.

Printed Name: _____ Phone #: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Permit #: _____ Fee: \$50.00

Bldg. Dept. Approval: _____ Date: _____

Planning Dept. Approval: _____ Date: _____

Final Inspections Completed:

Building	Yes	No		Date: _____
Plumbing	Yes	No		Date: _____
Fire Department	Yes	No		Date: _____
Health Department	Yes	No	N/A	Date: _____

Final Occupancy Certificate Issued on: _____

Processed By: _____

NEW BUSINESS PERMIT APPLICATION INFORMATION SHEET

All businesses operating within the City of Lockport are required to comply with current signage, Zoning, Building, Fire and Health Department Codes:

Zoning	Sign Permits	A permit is required for temporary & permanent business signs. Signage for a business located in the Historic District may require a Certificate of Appropriateness.
	Zoning Use	Verify that your business can operate under the zoning district for your business location.
	Special Use Permits	A special use permit may be required for certain uses.
	Contact	Planning/Zoning Department (815) 838-0549 option 4
Building	Construction/Renovations	Any construction and/or building renovations shall be subject to review and inspection by the Fire District. A pre-inspection needs to be performed prior to any interior work and/or set-up for the business. A second inspection needs to be performed after all interior work and/or set-up has been completed. Prior to performing work, check with the Building Department regarding the need to secure any permits necessary for such work. Any exterior alteration to a building located in the Historic District requires a Certificate of Appropriateness.
	Contact	Building Department (815) 838-0549 option 5
Fire	Safety Inspections	Any construction and/or building renovations shall be subject to review and inspection by the Fire District. A pre-inspection needs to be performed prior to any interior work and/or set-up for the business. A second inspection needs to be performed after all interior work and/or set-up has been completed.
	Contact	Depending on your location: Lockport Township Fire District (815) 838-3287 Homer Township Fire District (815) 836-2710 Northwest Homer Fire District (815) 838-0180
Health	Review & Inspections	If food is being served, the Will County Health Department will need to approve the facilities and procedures. This includes any pre-packaged food sales.
	Contact	Will County Health Department (815) 727-8490
Liquor Commissioner	Liquor License	A liquor license is required to serve or sell liquor in the City of Lockport.
	Hours of Liquor Operation	Hours depend on the classification of the license.
	Contact	City Clerk's Office (815) 838-0549 x 2121



Sanitary & Water Usage Form
This information is for Public Works use

Please fill out items applicable to your business
& return with your application for new business permit.

1. Name of Business: _____
Address: _____ Phone #: _____
City: _____ St: _____ Zip: _____
2. Name & Title of contact signing this form:

3. Name of parent company: _____
Address: _____
City: _____ St: _____ Zip: _____
4. Type(s) of operation: Office () Manufacturing () Warehousing () Other ()
Explain: _____
5. Types of products/services: _____

6. Number of personnel employed per shift and per occupation:

	Office Personnel	All Other Personnel
A. Daytime Shift:	Avg: _____ Max: _____	Avg: _____ Max: _____
B. Evening Shift:	Avg: _____ Max: _____	Avg: _____ Max: _____
C. Night Shift:	Avg: _____ Max: _____	Avg: _____ Max: _____
7. Plant Operation: Total hours per day: _____
 Total hours per shift: _____
 Total Days a week worked: _____
8. Is water used in any process such as fouling, cleaning, mixing, painting, manufacturing, rinsing, etc.?
Yes _____ No _____
9. If cooling water is utilized, are any chemicals added?
Yes _____ No _____
10. Is any chemical, paint, oil, ink, dye or solvent used in your business or is your business involved in food or beverage processing or preparation?
Yes _____ No _____
11. Signature: _____ Date: _____

Sanitary Sewer Discharge Classification Form

User: _____
 Address: _____

 City: _____
 Phone at Site: _____

Authorized Rep: _____
 Title: _____
 Staff: _____
 Date: _____
 Classification: _____

1. Connection Permit if known: _____ 2. Employee Number: _____

3. What production or service is performed at this site?

4. Define applicable categorical processes and sub-processes and complete information below:

Category #	Date Process Started	Category and Process
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Define unregulated waste streams:

6. Define dilute waste streams (boiler blow down, non-contact cooling/blow down, demineralized backwash, sanitary):

7. Is the waste stream metered for flow measurement? ___ Yes ___ No

Please describe: _____

8. Is waste pretreated? ___ Yes ___ No

If yes, please describe: _____

9. What is the anticipated daily average process (no sanitary) flow in gallons per day? _____

10. What is the anticipated daily peak process (no sanitary) flow in gallons per day? _____

11. Not including sanitary, identify the process waste stream concentration in mg/L for 5-day biochemical oxygen demand (BOD5), total suspended solids (TSS), ammonia nitrogen (NH3-N), total phosphorus (TP), and fats, oil and greases (FOG).

QUESTIONS BELOW ARE COMPLETED BY THE CITY OF LOCKPORT

- | | |
|--|----------------|
| Is process flow equal to or greater than 25,000 gpd? | ___ No ___ Yes |
| Is process flow equal to or greater than 5% of the average dry weather flow? | ___ No ___ Yes |
| Is process discharge equal to or greater than 5% of the organic capacity? | ___ No ___ Yes |
| Is process regulated based on adverse effect? | ___ No ___ Yes |
| Is process regulated based on the potential to violate PT standards or requirements? | ___ No ___ Yes |