

# Village of Morton Zoning & Code Enforcement Department

120 N. Main St., Morton, IL 61550

Phone: (309)266-5361 Fax: (309)266-5508 Email: bmarks@morton-il.gov

## ZONING PERMIT APPLICATION

<b>APPLICANT NAME:</b> _____	Email: _____
Address: _____	Phone: _____

<b>PROPERTY OWNER:</b> _____	Email: _____
Address: _____	Phone: _____

## BUSINESS INFORMATION

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

Address of Proposed Business Location: \_\_\_\_\_

Type of Business (Please be specific): \_\_\_\_\_

\_\_\_\_\_

Is this a new business at this property? Yes \_\_\_\_\_ No \_\_\_\_\_

If this is an established business, how long has this business been at this location? \_\_\_\_\_

What was the previous business/use at this property? \_\_\_\_\_

\_\_\_\_\_

How many employees' maximum on one shift will there be? \_\_\_\_\_

Will there be any changes or renovations to the property? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there any off-street parking provided for this business? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how many parking places are being provided? \_\_\_\_\_

How many ADA parking spots are provided? \_\_\_\_\_

**I do hereby certify that the information contained herein is true and correct.**

**Printed Name of Applicant:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_