

TRANSFER of SPECIAL USE PERMIT REQUEST



Transfer of Special Use Permit applications are processed on an "as requested" basis and may take up to twenty-one (21) business days for review by the Director of Economic and Community Development.

MANDATORY SUBMITTAL MATERIALS

- Copy of the original ordinance/approval for the Special Use Permit.
- Copy of a completed Business License Application.
- This form and all attachments, completed in their entirety. (A request will be considered incomplete and will not be reviewed otherwise.)

INSTRUCTIONS

1. Complete pages 1-4 of this form.
2. Submit to Community Development Department with a copy of a completed Business License Application.
3. The Community Development Department will call to schedule an on-site inspection.
4. Following the inspection, you will be notified to return to City Hall to review the results of the inspection and sign page 6 in the presence of a Notary, if items are required. A copy of this completed application will be provided to you.
5. If items are listed on page 5, as required by the Director of Community and Economic Development, they are to be completed in conjunction with any items also required by the Building and Fire Departments prior to Certificate of Occupancy and Business License Application.
6. Proceed to with completing all items as required by the Building, Fire, and Community Development Departments.
7. Acquire Certificate of Occupancy and Business License.

BUSINESS TO RECEIVE SPECIAL USE PERMIT TRANSFER

BUSINESS NAME	
ADDRESS OF BUSINESS	CITY/STATE/ZIP
PHONE	EMAIL

NEW SPECIAL USE PERMIT HOLDER (APPLICANT)

NAME OF TRANSFER HOLDER	
ADDRESS OF TRANSFER HOLDER	CITY/STATE/ZIP
PHONE	EMAIL

CURRENT SPECIAL USE PERMIT HOLDER (OWNER/OPERATOR)

NAME	
ADDRESS	CITY/STATE/ZIP
PHONE	EMAIL

FOR OFFICE USE ONLY

I, _____, the Director of Economic and Community Development, find that _____, the applicant of this Transfer of Special Use Permit, [complies/does not comply] with the conditions listed in the original permit in addition to any additional items as required on page 5 (Agreement to Compliance) of this application and that issuance of a Certificate of Occupancy and Business License [may/may not] be issued.

DIRECTOR'S SIGNATURE	DATE
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APPLICANT AFFIDAVIT



APPLICANT AFFIDAVIT OF ACKNOWLEDGEMENT

I swear and affirm that I am the owner/lessee of _____,

which is the subject of the request for a Special Use Permit Transfer for

Ordinance _____.

I affirm that I am thoroughly familiar with and will abide by the terms and conditions of the original permit.

I affirm that I shall not affect or increase the intensity of the original operation.

I affirm that the transfer of this special use permit, if granted, shall become null and void in accordance with Paragraph F2 of Section 11-502 of the City of Oak Forest Zoning Ordinance.

I affirm that I shall comply with all additional conditions required of the Director of Community Development in connection with the transfer of the special use permit.

NAME OF APPLICANT

ADDRESS

CITY/STATE/ZIP

PHONE

EMAIL

APPLICANT'S SIGNATURE

DATE:

APPLICANT'S NAME PRINTED

DATE:

NOTARIAL STATEMENT

Personally appeared before me person(s) of the above name(s), who swear that the information contained in this affidavit is true and correct to their best knowledge and belief.

NOTARY'S SIGNATURE

DATE:

NOTARY'S SEAL

OWNER/OPERATOR STATEMENT



OWNER/OPERATOR STATEMENT

I swear and affirm that I am/was the owner/operator of the property subject to the proposed Special Use Permit Transfer. I hereby grant the Special Use Permit Transfer to

_____.

NAME OF OWNER/OPERATOR

ADDRESS

CITY/STATE/ZIP

PHONE

EMAIL

OWNER/OPERATOR'S SIGNATURE

DATE:

OWNER/OPERATOR'S NAME PRINTED

DATE:

NOTARIAL STATEMENT

Personally appeared before me person(s) of the above name(s), who swear that the information contained in this Owner/Operator Statement is true and correct to their best knowledge and belief.

NOTARY'S SIGNATURE

DATE:

NOTARY'S SEAL

AUTHORIZATION TO INSPECT PREMISES



AUTHORIZATION TO INSPECT PREMISES

With the signature below, I authorize the Director of Economic and Community Development Director of the City of Oak Forest, or his/her designee, to inspect the premises located at the address below, which are the subject of this Special Use Permit Transfer.

NAME OF APPLICANT

ADDRESS

CITY/STATE/ZIP

PHONE

EMAIL

APPLICANT'S SIGNATURE

DATE:

APPLICANTS'S NAME PRINTED

DATE:

NOTARIAL STATEMENT

Personally appeared before me person(s) of the above name(s), who swear that the information contained in this Authorization to Inspect Premises is true and correct to their best knowledge and belief.

NOTARY'S SIGNATURE

DATE:

NOTARY'S SEAL

AGREEMENT TO COMPLIANCE



CONDITIONS

I, _____, the Director of Economic and Community Development, find the following in regard to the premises located at

_____, which are the subject of this Special Use Permit Transfer:

- That the property is in compliance with the conditions listed in the original permit
- That the property is not in compliance with the conditions as listed in the original permit
- That the following additional items must be completed prior to the issuance of a Certificate of Occupancy and Business License:

DIRECTOR'S SIGNATURE

DATE:

DIRECTOR'S NAME PRINTED

DATE:

NOTARIAL STATEMENT

Personally appeared before me person(s) of the above name(s), who swear that the information contained in this Agreement to Compliance is true and correct to their best knowledge and belief.

NOTARY'S SIGNATURE

DATE:

NOTARY'S SEAL

COMPLIANCE AGREEMENT

With the signature below, I affirm that I agree to any and all conditions required of me in accordance with Section 11-502(J) of the Oak Forest Zoning Ordinance, which are listed on page 5 of this application herein.

NAME OF APPLICANT

ADDRESS

CITY/STATE/ZIP

PHONE

EMAIL

APPLICANT'S SIGNATURE

DATE:

APPLICANTS'S NAME PRINTED

DATE:

NOTARIAL STATEMENT

Personally appeared before me person(s) of the above name(s), who swear that the information contained in this Agreement to Compliance is true and correct to their best knowledge and belief.

NOTARY'S SIGNATURE

DATE:

NOTARY'S SEAL