

847-931-5920

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www.cityofelgin.org/business

150 Dexter Court, Elgin, IL, 60120



# Z O N I N G I N Q U I R Y F O R M

*All businesses located in the City of Elgin, whether developing a new property or opening a business in an existing location, need to have the proper permits and licenses. The first step in our permit process is to review any zoning considerations. The City of Elgin's Municipal Code regulates development within the city. Our zoning regulations govern land use, building height and density, parking requirements, signage regulations, and the character of development on private property, as well as property uses. While zoning ordinances may vary from city to city, areas are typically designated for residential, business, mixed-use, or industrial uses. Once you complete the Zoning Inquiry Form, you will be notified of the options available to you.*

## C O N T A C T I N F O R M A T I O N

NAME

PHONE NUMBER

EMAIL

## I N T E N D E D B U S I N E S S A D D R E S S

STREET ADDRESS

ADDRESS LINE 2

CITY

STATE/PROVINCE/REGION

POSTAL ZIP

PLEASE SELECT ONE OF THE FOLLOWING:

- |  |  |
|--|--|
| <input type="checkbox"/> Opening up a new business   | <input type="checkbox"/> Site Restrictions           |
| <input type="checkbox"/> Changing my business use    | <input type="checkbox"/> Changing business ownership |
| <input type="checkbox"/> Moving my existing business | <input type="checkbox"/> Expanding my business       |
| <input type="checkbox"/> Permitted uses at property  | <input type="checkbox"/> Other (explain) _____       |

ADDITIONAL DETAILS

*The more detailed information you provide, the better it enables us to provide a clear and detailed response.  
Example: I want to open up a bicycle shop. I plan to rent and sell bicycles while also offering work shops. I want to sell prepackaged snacks and drinks. In the next year or so I want to build a cafe where I plan to sell coffee and baked goods.*

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

*City staff will contact you within 3 business days of receiving your completed application and advise you on the next steps.*

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**OFFICE USE ONLY**

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\_\_\_\_\_  
DATE RECEIVED

\_\_\_\_\_  
INFO NEEDED