



# Village of Orland Park

## Building Division

### Building Code Plan Review for Kiosk's, Carts & Tables at the Orland Square Mall

Date:

Permit #:

**INCLUDE ADDITIONAL INFORMATION WITH PERMIT APPLICATION**

- 106.2 SITE PLAN:** There shall be a site plan showing to scale the size and location of all new kiosks and all existing structures within 20 feet of the kiosk. Accurate dimensions shall be drawn using the required code Sections below for design standards.
- 402.5.1 Mall width:** The minimum width of the mall shall be 20 feet. There shall be a minimum of 10 feet clear exit width to a height of 8 feet between any projection of a tenant space bordering the mall and the nearest kiosk, vending machine, bench, display opening or other obstruction to means of egress travel.
- 402.10 Kiosks:** Kiosks and similar structures (temporary or permanent) shall meet the requirements of Sections 402.14.1 through 402.14.4 (shown below)
  1. **Construction:** Combustible kiosks or other structures shall not be located within the mall unless constructed of approved fireretardant-treated wood throughout.
  2. **Fire Suppression:** Kiosks and similar structures that are covered and are located within the mall shall be protected by an automatic sprinkler system installed in accordance with Chapter 9 of the Building Code. (Fire Protection Systems)
  3. **Horizontal separation:** The minimum horizontal separation between kiosks and other structures within the mall shall be 20 feet.
  4. **Maximum area:** Kiosks and similar structures shall have a maximum area of 150 square feet. **(See Exception for 60' Mall Width location)**
- 2701.1 Electrical Wiring, Equipment and Systems** shall conform to provisions of the Village of Orland Park Electrical Code (Ordinance # 3217)
- 920.2 Fire Extinguisher:** An approved portable fire extinguisher with a minimum classification of 4A-60BC, shall be installed within 75 feet unobstructed travel distance of each kiosk. Extinguishers installed in mall service corridors shall be readily accessible to the public and readily identified in accordance with the Fire Prevention Code.
- Illinois Accessibility Code 400-320. h) 1) and 400-310:** Where sales counters are provided for the distribution of goods or services to the public, at least one of each type shall have a portion of the counter which is at least 36 inches in length with a **maximum height of 34 inches above the finished floor.**

Applicant/Owner/Tenant Signature: \_\_\_\_\_

Building Official: \_\_\_\_\_

Date Issued: \_\_\_\_\_



# ORLAND PARK BUILDING DIVISION

14700 Ravinia Avenue • Orland Park, IL 60462 • Phone (708) 403-5300

NO. \_\_\_\_\_  
DO NOT WRITE IN THIS SPACE

DATE ISSUED: \_\_\_\_\_

## APPLICATION FOR BUILDING/OCCUPANCY PERMIT

**Building Use:**

- Residential
- Commercial
- Industrial
- Other \_\_\_\_\_

**Type of Construction:**

- New
- Remodel
- Occupancy
- Other \_\_\_\_\_

Valuation of Construction \$ \_\_\_\_\_

Total Square Feet \_\_\_\_\_ Located on Lot/Space \_\_\_\_\_ Subdivision \_\_\_\_\_

Address \_\_\_\_\_ Real Estate Tax Index No. \_\_\_\_\_

Owner/Tenant _____	Address _____	Phone _____
Architect _____	Address _____	Phone _____
General Contractor _____	Address _____	Phone _____
Excavator _____	Address _____	Phone _____
Brick Mason _____	Address _____	Phone _____
Carpenter _____	Address _____	Phone _____
Cement _____	Address _____	Phone _____
Dry Wall _____	Address _____	Phone _____
Electrician _____	Address _____	Phone _____
Heating _____	Address _____	Phone _____
Painting _____	Address _____	Phone _____
Plumber _____	Address _____	Phone _____
Sewer Builder _____	Address _____	Phone _____
Rofer _____	Address _____	Phone _____
Tiling _____	Address _____	Phone _____
Paving _____	Address _____	Phone _____
Insulator _____	Address _____	Phone _____
Fire Protection _____	Address _____	Phone _____
Landscaper _____	Address _____	Phone _____
Iron Worker _____	Address _____	Phone _____

PLAN REVIEW	\$ _____
BUILDING	\$ _____
ELECTRIC	\$ _____
PLUMBING	\$ _____
MECHANICAL	\$ _____
DRIVEWAY	\$ _____
SIDEWALK	\$ _____
ZONING PERMIT	\$ _____
CERTIFICATE OF OCCUPANCY	\$ _____
SCHOOL DISTRICT	\$ _____
LIBRARY	\$ _____
FEES BY AGREEMENT	\$ _____
PARK	\$ _____
ROAD EXACTION	\$ _____
FIRE DISTRICT	\$ _____
WATER CONNECTION	\$ _____
WATER METER	\$ _____
WATER FOR CONSTRUCTION	\$ _____
_____	\$ _____
_____	\$ _____

The undersigned hereby applies to the Building Division of the Village of Orland Park, IL for a permit to erect, alter, construct, or enlarge the structure or part thereof herein described, and if granted the permit applied for I will comply with all requirements of the village ordinances relating thereto and pay the fees required by such ordinances.

**NOTE: SEE REVERSE SIDE FOR ADDITIONAL INFORMATION**

Signature of owner or registered agent \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

APPLICATION DATE \_\_\_\_\_

RECEIPT HEREBY ACKNOWLEDGED. PERMITS AND PLANS CHECKED. PERMITS MAY BE ISSUED.

BY \_\_\_\_\_  
Building Official

**NOTE: Please Print Firmly Through All 4 Copies**



# Village of Orland Park ZONING PERMIT

Please read and answer all questions below. Entire form must be complete.  
If applying for Zoning Permit ONLY—\$40.00 fee required at time of submittal.

Name of Applicant \_\_\_\_\_

Property Owner \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Address to which the permit applies \_\_\_\_\_ P.I.N. \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name of Business \_\_\_\_\_ Existing Use of Building \_\_\_\_\_

Please Check One:  New Construction  Existing Building

Are any exterior changes propose to the existing building, to the site or to the landscaping?  Yes  No  
*If yes, additional planning approvals may be required*

Project Description: *(describe in detail)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is understood that any permit issued on this application will not grant any right or privilege to erect any structure or to use any premises described for any purpose or in any manner prohibited by the Land Development Code or by other ordinances, codes, or regulations of Village of Orland Park. It is further understood that unless a substantial project start is made within six (6) months, and unless substantial progress is made within one (1) year, and unless construction is completed within two (2) years from the date of issuance of this permit (unless this period should be extended upon such application being received from the applicant) this permit shall become null and void.

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

\_\_\_\_\_  
DATE

### THIS SECTION—STAFF USE ONLY

Existing Zoning _____	Proposed Land Use _____	Legistar/Permit # _____
Proposed Use <input type="checkbox"/> Permitted	<input type="checkbox"/> Not Permitted	<input type="checkbox"/> Permitted with additional approval
Notes _____ _____ _____		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date _____ Name _____

VILLAGE OF ORLAND PARK  
14700 RAVINIA AVENUE  
ORLAND PARK, ILLINOIS 60462

**APPLICATION FOR GENERAL BUSINESS LICENSE**

*PLEASE COMPLETE BOTH SIDES OF APPLICATION*

**PLEASE NOTE:** Any misrepresentation or falsification of the information sought below may result in revocation of the license as granted and fines may be applicable. For information or questions, please call (708) 403-5300.

Date of Application: _____	Opening Date: _____	Fee: \$ _____
Illinois Retailers Occupational Tax No. _____ X _____ (Illinois Sales Tax Number)		
Name of Business: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Business Phone : (_____) _____	Emergency Phone:(_____) _____	
MAILING ADDRESS IF DIFFERENT FROM ABOVE		
Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone No.: (_____) _____		
PARENT COMPANY MAIN OFFICE		
Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone No.: (_____) _____		
Square Footage of All Areas: _____ Sq. Ft.	Restaurant Seating Capacity: _____	
TYPE OF OWNERSHIP:    ( ) INDIVIDUAL    ( ) PARTNERSHIP    ( ) CORPORATION		
<b>Required Information – License will not be issued unless completed!</b>		
OWNER'S NAME: _____		PHONE NO.(_____) _____
HOME ADDRESS _____		
CITY _____	STATE _____	ZIPCODE _____
DRIVER'S LICENSE NO. _____	S.S.N. _____ - _____ - _____	DATE OF BIRTH _____
If more than one owner or partner, list all above requested information on a separate sheet and attach hereto.		

**Will you be selling Tobacco Products? YES ( ) NO ( ) Separate application and license is required.**

If a Corporation, please give name, address and telephone number of Registered Agent.

REGISTERED AGENT \_\_\_\_\_ PHONE NO.(\_\_\_\_\_)\_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

ARE PREMISES LEASED? YES ( ) NO ( )

If yes, NAME OF OWNER: \_\_\_\_\_ PHONE NO.(\_\_\_\_\_)\_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

**BUSINESS STATUS**

\_\_\_\_ CHANGE OF OWNERSHIP      \_\_\_\_ NEW BUILDING      \_\_\_\_ REMODELING

\_\_\_\_ NEW USE      \_\_\_\_ RENEWAL      \_\_\_\_ OTHER

**DETAILED DESCRIPTION OF BUSINESS REQUIRED** \_\_\_\_\_

WILL BUSINESS BE MANUFACTURING, STORING OR SELLING ANY TYPE OF HAZARDOUS MATERIAL(S)? YES ( ) NO ( )

**MISCELLANEOUS INFORMATION X PLEASE COMPLETE ALL APPLICABLE SECTIONS**

Number of Mobile Foods Units: \_\_\_\_\_ Number of Bowling Alleys: \_\_\_\_\_

VENDING MACHINES: Number of \$.01 to \$.15 \_\_\_\_\_ Number of \$.15 or more \_\_\_\_\_ Juke Box \_\_\_\_\_

Number of Ice or Milk \_\_\_\_\_ Number of Honor Boxes \_\_\_\_\_ Other: \_\_\_\_\_

NUMBER OF AUTOMATIC AMUSEMENT DEVICES: \_\_\_\_\_ (Please attach sheet with serial numbers.)

NUMBER OF FULL TIME EMPLOYEES: \_\_\_\_\_ NUMBER OF PART TIME EMPLOYEES: \_\_\_\_\_

GROSS ANNUAL RECEIPTS: \$ \_\_\_\_\_

**Separate licenses are required for Massage Therapy and the Sale of Liquor. If applicable, please request the necessary applications.**

IT IS AGREED THAT AUTHORIZED INSPECTIONS WILL BE ALLOWED AS PRESCRIBED BY ORDINANCE.

\_\_\_\_\_  
**SIGNATURE OF OWNER OR AGENT FOR OWNER REQUIRED**