



Community Development Department
3600 Kirchoff Road Rolling Meadows, IL 60008
847-506-6030 www.cityrm.org

APPLICATION FOR ZONING PERMIT FOR
OUTDOOR BUSINESS ACTIVITY

Business Name (DBA) _____

Business Address _____

Contact Name _____ Telephone No. _____

Location of Outdoor Activity _____
(Attach 3 copies of a scaled site plan indicating location of the proposed activity or use.)

Zoning _____

Proposed Activity (describe) _____

Describe products to be displayed or stored _____

Activity Dates & Times _____

Related conditions - Check applicable condition(s) & attach applicable permit application(s) and information.

- Temporary Electrical Temporary Food Service Temporary Signage
Temporary Structure or Tent Temporary Storage Trailers/Containers Open Display

I hereby apply to the Community Development Department of the City of Rolling Meadows, Illinois for a Zoning Permit for the approved described outdoor activity. If the permit is granted I will comply with all ordinances relating to the permit and pay the required fees. I will submit the activity to inspection. No error or omission in the application, whether or not approved, shall relieve the applicant from performing in any other manner than that provided in the ordinances related thereto.

Applicant's Signature _____ Date _____

Community Development Department [] Approved [] Denied

Comments _____

By _____ Date _____

Fee: \$ _____ Project #: _____ Permit #: _____