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JUN 6 - 2018



VILLAGE OF SKOKIE

APPLICATION FOR CERTIFICATE OF OCCUPANCY

BUILDING DIVISION
VILLAGE OF SKOKIE

Community Development Department
Building & Zoning Division
5127 Oakton St. 1st Floor, Skokie, IL 60077
Phone (847) 933-8223 • Fax (847) 933-8230

(Please Type or Print Clearly and Complete All Sections)

GENERAL INFORMATION

Date of Application 5/17/18

Is this application being submitted because of a (please check all that apply):

New Use or Change in Use New Business Owner New Property Owner

On which date do you intend to open or did you first open? November 2018

BUSINESS INFORMATION

Name of Business femhealth USA

Address 4711 W Golf Road Suite or Unit # 920

Skokie, IL Zip Code 60076 Business Phone # 855 729 2272

Business Website _____ Total Square Footage of Tenant Space 1821

BUSINESS OWNER INFORMATION

Full Name Melissa Grant Title (CEO, manager, etc) COO

Address 1156 15th Street NW Suite 700 City/State/Zip Washington, DC 20005

Email Address mellssa:grant@carafem.org Cell Phone # _____

Driver's License or State ID # _____ State _____

BILLING INFORMATION

Contact Name Valerie Rose Title (Manager, Accountant, etc) Controller

Billing Address 1156 15th Street NW Suite 700 City/State/Zip Washington, DC 20005

Email Address valerie.rose@carafem.org Phone # 202 530 4170

For Office Use Only:	
Application # <u>18-112</u>	Inspection Date & Time _____
Building Permit # <u>18-1110</u>	Date of Occupancy _____
Zoning District: <u>B4</u>	Land Use <u>Clinic / out patient care center</u>
LBCS Function Code # _____	Use: Per. <input checked="" type="checkbox"/> Spec. _____ Not Per. _____ Rest. _____
Parking Analysis Required <u>-</u>	Zoning Board of Appeals / Plan Commission Approval <u>-</u>

ADDITIONAL BUSINESS INFORMATION

Type of Business medical/ health care

Please describe the day-to-day activities of your proposed business:

Provision of examinations, laboratory testing, treatment and medications to patients

Is your business a non-profit institution? yes Religious assembly/services ? no

Retail goods or service(s) provided on site? yes Manufacturer or Wholesaler? no

of Tables and Seats (Food Service Uses Only) n/a Will food be prepared or sold on site? no

Maximum # of employees on site at one time 7 Total # of Employees 14

FEIN # 46-4144274 Illinois Retailer's Occ. # _____

Will liquor be served on premises or sold from the premises? no

Will cigarettes or tobacco be sold on the premises? no

of amusement devices or vending machines: Amusement NA Vending NA

PROPERTY INFORMATION

*Property Owner Klaimont Family Associates, L.P. Phone # 773 736 6461

Address 4747 West Peterson Ave City/State/Zip Chicago, IL 60646

Email Address info@imperialrealttyco.com Single or Multiple Tenant(s) Site multiple

Driver's License or State ID # _____ State _____

*If more than one owner please list the primary contact above and secondary contact below

Property Owner (Secondary Contact) _____

of Parking Spaces on Site > 1000 Name and Use of Prior Business (If Known) Chicago CBT Center/Occupational Therapy

BUSINESS OWNER SIGNATURE _____

DATE 5-17-18

PROPERTY OWNER SIGNATURE _____

Adress Pol
Imperial Realty Co. DATE 5/29/18

EMERGENCY CONTACT INFORMATION

Please list the emergency contact information for any person who can access the tenant space after normal business hours.

PRIMARY BUSINESS CONTACT (OTHER THAN BUSINESS OWNER)

Full Name Kat Boyd Email Address kat.boyd@carafem.org
 Home Address 1800 Peachtree Street NW Suite 800 City/State/Zip Atlanta, GA 30309
 Daytime Phone # 404 400 6831 Cell Phone # _____

ALTERNATE CONTACT

Full Name Melissa Grant Email Address melissa.grant@carafem.org
 Home Address 1156 15 street NW Suite 700 City/State/Zip Washington, DC 20005
 Daytime Phone # 202 530 4170 Cell Phone # _____

Fee Schedule: (Application fees are based upon the gross floor area of your tenant space)

All uses except within the Southeast Industrial District		Uses located within the Southeast Industrial District (South of Oakton St and east of Hamlin Ave only)	
Less than 1,001 sq. ft.	\$ 225.00	Less than 1001 sq. ft.	\$ 425.00
1,001 to 3,000 sq. ft.	\$ 250.00 <i>1760 SF</i>	1,0001 to 3,000 sq. ft.	\$ 450.00
3,001 to 10,000 sq. ft.	\$ 300.00	3,001 to 10,000 sq. ft.	\$ 500.00
10,001 to 100,000 sq. ft.	\$ 400.00	10,001 to 100,000 sq. ft.	\$ 600.00
Over 100,000 sq. ft.	\$ 700.00	Over 100,000 sq. ft.	\$ 900.00

***The fee for a certificate of occupancy obtained subsequent to the occupancy shall be double what the cost of the certificate of occupancy would have been.**