



CITY OF NAPERVILLE
TRANSPORTATION, ENGINEERING, & DEVELOPMENT (T.E.D.) BUSINESS GROUP

TENANT BUILD-OUT PERMIT APPLICATION
BUSINESS OCCUPANCY PERMIT APPLICATION
COMMERCIAL MISCELLANEOUS APPLICATION

This application form is used for occupancy or alterations to an existing commercial building or tenant space. Tenant build-out projects require complete plans, with specifications, stamped and approved by an Illinois-licensed architect or structural engineer in accordance with the Illinois Professional Architects Act.

COMMERCIAL PROJECT/BUSINESS NAME:
Align Ministries

PREVIOUS BUSINESS NAME:
Grace Christian Fellowship

ADDRESS 1701 Quincy Ave SUITE # 17
 CITY Naperville ST IL ZIP 60540

ARCHITECT N/A
 ADDRESS _____
 CITY _____ ST _____ ZIP _____
 PHONE _____
 EMAIL _____

DESCRIBE THE PROPOSED CONSTRUCTION:
No construction only a name change for church - existing + current, same usage + same congregation

ESTIMATED COST OF WORK \$ 0

GENERAL CONTR. N/A
 ADDRESS _____
 CITY _____ ST _____ ZIP _____
 PHONE _____
 EMAIL _____

DIMENSIONS OF TENANT SPACE: 90' x 100'
 NUMBER OF STORIES 1
 NUMBER OF UNITS 32
 SQ. FT. OF TENANT SPACE 9000

ELECTRICAL CONTR. N/A
 ADDRESS _____
 CITY _____ ST _____ ZIP _____
 PHONE _____ NAP REG # _____
 EMAIL _____

PROPERTY OWNER Naper Small Business LLC
 ADDRESS 1805 High Grove Lane
 CITY Naperville ST IL ZIP 60540
 PHONE 630 355 8094
 EMAIL LHelmoId@mustangconstruction.com

PLUMBING CONTR. N/A
 ADDRESS _____
 CITY _____ ST _____ ZIP _____
 PHONE _____ IL LIC # _____
 EMAIL _____

APPLICANT Align Ministries / Bob Carden
 ADDRESS 1701 Quincy Ave # 17
 CITY Naperville ST IL ZIP 60540
 PHONE 630 779 7035
 EMAIL bobcarden54@gmail.com

SEWER/WATER CONTR. N/A
 ADDRESS _____
 CITY _____ ST _____ ZIP _____
 PHONE _____ IL LIC # _____
 EMAIL _____

PROJECT CONTACT PERSON
 NAME Linda HelmoId
 PHONE 630 878 8387
 EMAIL LHELMOLD@MUSTANGCONSTRUCTION.COM

ROOFING CONTR. N/A
 ADDRESS _____
 CITY _____ ST _____ ZIP _____
 PHONE _____ IL LIC # _____
 EMAIL _____

INSPECTION BILLING INFORMATION:

Name GRACE CHRISTIAN Fellowship -> Align Ministries
Address 1701 QUINCY AVE # 17
City NAPERVILLE St IL Zip 60540
Phone 630 779 7035 Email bobcarden54@GMAIL.COM

KEYHOLDER CALL LIST

(Required by Police and Fire Emergency Services)

- 1. Name Robert Carden Phone # 630 779 7035
- 2. Name MUSTANG Construction, LINDA/MATT Phone # 630 355 8094
- 3. Name Garrett BOVA Phone # 312 576 6874

UNDER THE PENALTIES OF PERJURY AS PROVIDED BY LAW, THE UNDERSIGNED CERTIFIES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION, PLANS, SPECIFICATIONS AND PLAT ARE TRUE AND CORRECT AND ARE IN ACCORDANCE WITH THE PROVISIONS AND REGULATIONS OF THE BUILDING CODE AND ALL OTHER CODES AND ORDINANCES OF NAPERVILLE APPLICABLE THERETO AND IN FORCE WHEN CONSTRUCTION IS COMMENCED. IF THE APPLICANT KNOWINGLY FALSIFIES ANY INFORMATION IN THIS APPLICATION, APPLICANT SHALL BE CONSIDERED IN VIOLATION OF SECTION 1-12-4 OF THE NAPERVILLE MUNICIPAL CODE AND SHALL BE FINED NOT LESS THAN FIFTY DOLLARS (\$50) NOR MORE THAN FIVE HUNDRED DOLLARS (\$500).

I HAVE READ AND UNDERSTAND THE CONSTRUCTION SITE SAFETY REQUIREMENTS OF THE CITY OF NAPERVILLE. (Please initial here.) [Signature]

I UNDERSTAND THAT THIS PROJECT MAY BE SUBJECT TO CITY OF NAPERVILLE ROAD IMPACT FEES AND/OR ROAD IMPACT FEES FOR DU PAGE COUNTY OR WILL COUNTY IN ILLINOIS. I FURTHER UNDERSTAND THAT THE DU PAGE COUNTY FEE (if applicable) MUST BE PAID AND THE RECEIPT FOR SAME SUBMITTED PRIOR TO THE ISSUANCE OF A FULL BUILDING PERMIT. ALL OTHER IMPACT FEES MUST BE PAID PRIOR TO THE ISSUANCE OF ANY TYPE OF OCCUPANCY PERMIT. (Please initial here.) [Signature]

SIGNATURE OF APPLICANT (Always Required) [Signature] DATE 8/10/2022

SIGNATURE OF OWNER/AGENT (Always Required) [Signature] DATE 8/12/2022

The parties agree that this document may be electronically signed. The parties agree that the electronic signatures appearing on this document are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.



CITY OF NAPERVILLE

Transportation, Engineering, & Development (T.E.D.) Business Group

LETTER OF INTENT FOR BUSINESS OCCUPANCIES

This Letter of Intent form must be provided for any business that will occupy a new space, modify their existing space, or change the name or ownership of their existing business. This form provides staff with an overall picture of the scope of proposed changes to ensure that we can provide accurate information to get your business open and operating as quickly as possible.

PROPOSED BUSINESS:

Business Name: Align Ministries (Formerly Grace Christian Fellowship)
 Address: 1701 QUINCY AVE #17
 Type of Business: CHURCH-FELLOWSHIP
 Number of Employees: 5 Maximum Number of Occupants: 200
 Number of Service Vehicles: 0

EXISTING/PREVIOUS TENANT (FOR NEW OCCUPANCIES):

Business Name: GRACE CHRISTIAN FELLOWSHIP
 Type of Business: CHURCH

EXISTING BUILDING:

Property Management Company: Mustang Construction, Inc.
 Phone: 630 878-8387 Email: LHelmold@mustangconstruction.com
 Gross floor area of tenant space (sf): 9000 SF Gross floor area of entire building (sf): 100,877
 Total floors in the tenant space: 1 Is there basement in the tenant space? No
 Is there a fire sprinkler system? Yes Is there a fire alarm system? Yes
 Existing electric panel capacity (Amps): 200 AMP, 3 phase 208 Voltage
 Number of restrooms: Men's: 1 Women's: 1 Non-gender specific: 2

PROPOSED IMPROVEMENTS:

Describe interior improvements or modifications:

Remodeling: N/A
 Decorating: N/A
 Electrical: N/A
 Plumbing: N/A
 Heating & Air Conditioning: N/A

What type of additional equipment will be required?

none

Describe exterior improvements or modifications:

Signage: New Sign → SAME SIZE AS CURRENT SIGN

Parking: N/A

Landscaping: N/A

Remodeling: N/A

Additional information about proposed building improvements or business operations:


There are no improvements beyond a new sign. There are no changes in business operations. ONLY A NAME CHANGE OF CHURCH.

APPLICANT:

Name: Align Ministries (CONTACT: Bob Carden)

Address: 1701 QUINCY AVE #17

Phone: 630 779 7035 Email: BOBCARDEN54@gmail.com


Signature of Applicant

8/10/22
Date



NAPERVILLE POLICE AND FIRE EMERGENCY CONTACT INFORMATION FORM



You are receiving this form because we have noticed there are no contacts or keyholders listed for your location. The information you provide on this form is vital in the event of an emergency. Each business is required to have an owner or authorized agent and keyholder able to respond if needed with the Police and Fire Department. It is your responsibility to notify us of any change in the type of alarm or names and telephone numbers of keyholders. All information is confidential and is only used in case of an emergency at your business.

NAPERVILLE BUSINESS NAME:

Align Ministries

NAPERVILLE BUSINESS ADDRESS:

1701 Quincy Ave #17 Naperville 60540

NAPERVILLE BUSINESS PHONE:

630
779
7035

KEYHOLDER NAME	PHONE	EMAIL
1 Bob CARDEN ↳ (owner of building)	630 779 7035	bobCARDEN54@gmail.com
2 MUSTANG CONSTRUCTION	630 355 8094	LHelmold@mustangconstruction.com
3 Garrett BOVA	312 576 6874	gboVA@gCFNAPerville.ORG
4 _____		
5 _____		

LIST CONTACTS IN ORDER OF PREFERENCE

****PLEASE PRINT CLEARLY****

Return form to the Naperville Fire Department, 1380 Aurora Avenue, Naperville, IL 60540 or email at FireInspections@naperville.il.us. Please call 630-420-6756 for inquiries.