



*Village of Orland Park*

*14700 Ravinia Avenue*

*Orland Park, IL 60462*

*Development Services Department*

**Phone (708) 403-5300**

**www.orlandpark.org**

**Commodity Affidavit**

**\*\*\*\*\*Form shall be completed by Company Owner or Company Officer\*\*\*\*\***

Tenant Name:			
Address:		Suite:	
Permit #:		Square Footage:	

Does the building have a Sprinkler System?		Yes		No
Does the building have a Fire Alarm System?		Yes		No
Will the storage arrangements be Rack storage?		Yes		No
Are the Racks New or Existing?		Yes		No
Are there small hose connections?		Yes		No
Will any conveyor systems be utilized?		Yes		No
What will be the height of storage (top of product)?	feet			
Will the storage arrangement be palletized?		Yes		No

If there is Rack storage refer to the Rack Storage Permitting Requirements document on in addition to this Commodity Affidavit.

**Indicate whether any of the following special materials are intended to be present:**

Flammable or combustible liquids?		Yes		No
Aerosol products?		Yes		No
Compressed or liquefied gas cylinders?		Yes		No
Any other type of Hazardous Materials?		Yes		No
Spray booths and/or mixing rooms?		Yes		No
Clean room(s)?		Yes		No
Woodworking operations?		Yes		No
Welding and/or torch cutting operations?		Yes		No
Rubber or plastic products?		Yes		No

**Describe your Product:**

Other (please specify):

*If the answer to any of the above is "yes," go to page two (2) and describe type, location, arrangement, total weights, and daily average quantities. Also include how the product will be stored (in racks, solid pile, encapsulated with plastic or not, on the floor, bins, on solid shelves, on pallets, size of containers), etc.*

**\*\*\*\*\*Attach A Haz-Mat Inventory Statement If Required\*\*\*\*\***

*I certify that I have knowledge of the intended use of the property and that the above information is correct:*

Print Name of Owner or Company Officer:			
Company Title:		Phone:	

\_\_\_\_\_  
Affirmed by – Owner/Company Officer Signature

\_\_\_\_\_  
Date