

# Village of Alsip-Planning and Zoning Commission

## Application for Change of Zoning, Special Use Permit, Variance, Subdivision, Planned Development, and Appeal

Applicant: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

Individual                       Partnership                       Corporation

Applicant Address: Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Relationship to Subject Property:  Owner                       Authorized Agent\*

\*Affidavit establishing authorized agent must be attached and notarized. Fill in owner information below if the applicant is an authorized agent.

Owner: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

\*Signature of applicant(s): \_\_\_\_\_ \* Signature of applicant(s): \_\_\_\_\_

\*Signature(s) above affirms the following: I (we), being first duly sworn on oath depose and state that I (we) am (are) the owner(s) of the property described in this Application and that all of the statements contained herein are truthful to the best of my (our) knowledge and belief.

STATE OF ILLINOIS    )  
COUNTY OF \_\_\_\_\_)

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

- NOTARY STAMP - \_\_\_\_\_ NOTARY PUBLIC

### LOCATION

Address: \_\_\_\_\_ Property Index Number: \_\_\_\_\_

Legal Description (attach separate page if needed):

### ACTION REQUESTED

<u>ACTION REQUESTED</u>	<u>FEE REQUIRED</u>	<u>AMOUNT PAID</u>
<input type="checkbox"/> Change of Zoning (Zoning or Text Amendment)***	\$300.00	_____
<input type="checkbox"/> Special Use Permit***	\$700.00	_____
<input type="checkbox"/> Appeal	\$100.00	_____
<input type="checkbox"/> Variance (owner-occupied dwelling)	\$25.00	_____
<input type="checkbox"/> Variance (other than owner-occupied dwellings)	\$150.00	_____
<input type="checkbox"/> Planned Development*** _____Acres		_____
		(\$250 Minimum Fee)
<input type="checkbox"/> Subdivision	\$175.00	_____
		<b>TOTAL FEES PAID</b> _____

\*\*\*Stenographer is required on all Special Use, Planned Development, and Change of Zoning Hearings (**Applicant** is responsible for all Stenographer fees -Minimum fee \$125.00 - Billed independently by stenographer) \*\*\*

◇ In addition to the fees set forth above, the Applicant shall be responsible for the cost of any required publication, and the costs of recording any documents.

**In the space below, please enter reasons in support of action requested:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### ATTACHMENTS

- Attach ten copies of notarized Affidavit (Establishing authorized agent-if applicable)
- Attach ten copies of original Plat of Survey of existing property.       Attach ten copies of Proof of Ownership.
- Attach ten copies of preliminary plan (if applicable).                       Attach ten copies of paid tax bill.
- Attach ten copies of required supplemental information.

<b>Office Use Only</b>	
Date Filed: _____	Case No: _____
Publish : _____	Hearing: _____
By: _____	

