



PLANNING AND ZONING COMMISSION PUBLIC HEARING APPLICATION

| Subject Property |
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| Address(es) _____ |
| Land Use _____ Zoning Designation(s) _____ |
| Number of Parking Spaces _____ |
| Property Area (Sq.ft. / Acreage) _____ Parcel Number(s) (PIN) _____ |
| Planning / Zoning Request (s) (check all that apply) |
| <input type="checkbox"/> Pre-Annexation Agreement <input type="checkbox"/> Annexation <input type="checkbox"/> Plat (Resub., Sub., Easement, Consolidation, etc...) |
| <input type="checkbox"/> Planned Development for _____ <input type="checkbox"/> Zoning Text Amendment Section(s) _____ |
| <input type="checkbox"/> Special Use for _____ <input type="checkbox"/> Rezoning (Map Amendment) from _____ to _____ |
| <input type="checkbox"/> Variation – If requesting a variation, check at least one of the following: <ul style="list-style-type: none"> <input type="checkbox"/> The property in question cannot yield a reasonable return if permitted to be used only under the conditions allowed by the regulations governing the district in which it is located; <input type="checkbox"/> The requested relief is due to unique circumstances; and/or <input type="checkbox"/> The variation, if granted, will not alter the essential character of the neighborhood. |
| Applicant (primary contact) |
| Name (Print) _____ |
| Address _____ City, State, ZIP _____ |
| Phone _____ Email _____ |
| Interest in Property _____ (e.g. property owner, buyer, developer, lessee, architect, etc...) |
| Property Owner (if different than applicant) |
| I hereby designate the applicant to act as my agent for seeking the zoning request(s) described in this application and the associated supporting material. |
| Name (Print) _____ Signature _____ |
| Address _____ City, State, ZIP _____ |
| Phone _____ Email _____ |

The applicant is the owner or authorized representative of the owner of the property. The petitioner and the owner of the property grant employees of the Village of Addison permission to enter on the property during reasonable hours for visual inspection of the subject property. I hereby affirm that all information provided herein and, in all materials submitted in association with this application, is true and accurate to the best of my knowledge.

Applicant Signature _____ **Date** _____

| Submittal Information |
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Submit Online at <https://aglc.addison-il.org/CityViewPortal/Account/Logon>. For more information, visit: https://www.addisonadvantage.org/government/village_departments/planning_and_zoning.php

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| To be completed by Village Staff: <input type="checkbox"/> P&Z Commission Final <input type="checkbox"/> VB Final <input type="checkbox"/> Paid, Receipt# _____ |
| Total Fee \$ _____ Cash or Check# _____ P&Z Date: ____ / ____ / ____ |
| Development Name / Address: _____ |